

www.mass.gov/abcc

LICENSE NUMBER: 022000001		CITY OR TOWN CHICOR	PEE
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SKY DRAG	ON RESTAURANT INC.		
DOING BUSINESS A NORTH C	HINA RESTAURANT		
ADDRESS 1995 MEMORIAL DR	₹.		
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE: 01020	
MANAGER: LI, JIN MIN	TYPE OF LICENSE: Rest	taurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
2 DINING ROOMS AND KITHE	N OF A 1 STORY BLDG.		
I hereby certify and swear under pe	enalties of perjury that:		
	l be of the same type for the		
2. the licensee has complied	ed with all laws of the Comm	nonwealth relating to taxes; an	ıd
3. the premises are now of	pen for business (If not expla	in below)	
-			
SIGNED BY			
Individual,	Partner or Authorized Corpor	rate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
		(Note: NOT Individual Soci	al Security Number)
We the undersigned, attest that	wa ara in naggaggian (1) tha	aantificate neguined by Che	enton 201 of the
Acts of 2004, signed by the build			
named license and (2) the certific			
of 2010.			
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			
	ED DVV VGEVGEEG SANSAG SE	NAME OF POST OF STREET	0.151)
APPLICATION FOR RENEWAL MUST BE FIL	LED BY LICENSEES DURING THE MC	ONTH OF NOVEMBER (M.G.L. Ch. 138	\$ 16A)



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	022000002		CITY	OR TOWN	CHICOPE	<u>C</u>
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 139 BROA	A BLUE ROOM C		LLS, INC.			
CITY/TOWN: CHIC		STATE:	M	P CODE:	01020	
		~				A 11 - A 1 1 1
MANAGER: ZIEM	BA, GARY M. IY	PE OF LICENS	E: Restaurant	. C.	ATEGURY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF L	LEASE ALSO VISIT OUR W		OUR EMAIL ADD	RESS		
1 FRONT ENTRANC FOR STORAGE			DINING ANI	O BAR ARE	A AND CEL	LAR
I hereby certify and sv	vear under penaltie	s of perjury that:				
1. the renewe	d license will be of	the same type for	or the same p	remises now	licensed;	
2. the license	e has complied with	n all laws of the	Commonwea	lth relating t	o taxes; and	
3. the premise	es are now open for	business (If not	explain belo	ow)		
SIGNED BY	Individual, Partne	r or Authorized (Corporate Of	ficer		
DATE:	TELEPHON	NE NUMBER:	(CION NUMBER:
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the	head of the	fire depart	ment for the	above
Please Check Below:			LOC	CAL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explai	n)					
DATE:						



www.mass.gov/abcc

LICENSE NUMBER: 02200000	3	CITY OR TOWN CHICOPE	Æ
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: AMF BOY	WLING CENTERS, INC.		
DOING BUSINESS A AMF CF	HICOPEE		
ADDRESS 292 BURNETT RD.			
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE: 01020	
MANAGER: JAHSMAN, PEN	NNY TYPE OF LICENSE:R	estaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
	ISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED			
2 ROOMS, 1ST. FL., ONE ENT THROUGHOUT BLDG., 2ND.		S, WITH SERVICE BEING AVIL L HALL.)	LABEL
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	vill be of the same type for the	ne same premises now licensed;	
•		nmonwealth relating to taxes; and	
3. the premises are now	open for business (If not exp	plain below)	
SIGNED BY	I, Partner or Authorized Cor	norate Officer	
marvida	i, i artifer of Authorized Cor	portate Officer	
DATE:	LEPHONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
1121	LEFTIONE NOWIDER.	(Note: NOT Individual Social	
		1 (10)	. 204 6.1
		he certificate required by Chap ad of the fire department for the	
		surance required by Chapter 11	
Please Check Below:		LOCAL LICENSING AUTH	ODITV
APPROVED:		By:	OKII I
DISAPPROVED:		-,.	
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE	FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	16A)



www.mass.gov/abcc

LICENSE NUMBER:	022000005	(CITY OR TOWN	CHICOPE	<u> </u>
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	DKR, INC.				
DOING BUSINESS A	RAMADA INN				
ADDRESS 357 BURN	NETT RD.				
CITY/TOWN: CHIC	OPEE	STATE: MA	ZIP CODE:	01020	
MANAGER: PATEI	L, DINESH T	YPE OF LICENSE: Innho	older C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	ALL ADDRESS		
DESCRIPTION OF LI					
124 BEDROOMS OV. FLOOR, 13 ENTRAN		DINING ROOMS AND S	A BANQUET H	ALL ON GRO	OUND
I hereby certify and sw	ear under penalti	es of perjury that:			
1. the renewed	d license will be o	of the same type for the same	ame premises now	licensed;	
2. the licensee	has complied wi	th all laws of the Commo	onwealth relating	to taxes; and	
3. the premise	es are now open for	or business (If not explain	n below)		
SIGNED BY	Individual, Partn	er or Authorized Corpora	ate Officer		
	,				
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
	TEEET 110	IVE IVENIBER.	(Note: NOT In	dividual Social S	ecurity Number)
We the undersigned	attest that we a	re in possession (1) the	aantifiaata maanir	ad by Chante	on 201 of the
		nspector and the head			
named license and (2 of 2010.	the certificate	of liquor liability insura	ance required by	Chapter 116	of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:				311107101111	J. 1. 1
			By:		
DISAPPROVED:			Ву:		
DISAPPROVED: [If disapproved explain	n)		Бу:		
	n)		ву: 		
	n)		ву: 		



www.mass.gov/abcc

LICENSE NUMBER: 022000006		CITY OR TOWN	CHICOPE	E
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: DR. DEEGAN'S	INC.			
DOING BUSINESS A DR. DEEGAN'S	S			
ADDRESS 510 BURNETT RD.				
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE:	01020	
MANAGER: LAKE, PETER TY	YPE OF LICENSE: Res	staurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREM	ISES:			
ONE ROOM ON FIRST FLOOR,3 ENT	ΓRANCES AND EXIT	CS,CELLAR FOR	STORAGE	
I hereby certify and swear under penaltie	es of perjury that:			
1. the renewed license will be o	f the same type for the	same premises no	w licensed;	
2. the licensee has complied wit	th all laws of the Comr	nonwealth relating	to taxes; and	
3. the premises are now open for	r business (If not expla	ain below)		
SIGNED BY Individual, Partne	er or Authorized Corpo	orate Officer		
DATE: TELEPHO	NE NUMBER:		ER IDENTIFICAT	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	l of the fire depar	tment for the	above
Please Check Below:		LOCAL LICEN	ISING AUTH	ORITY
APPROVED:		By:		
DISAPPROVED: [[(If disapproved explain)				
(11 disappioved expiditi)				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

LICENSE NUMBER: 022000	J007	CITY OR TOWN CHICOPEE	
APPLICATION FOR RENEV	WAL: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
DOING BUSINESS A	OPEE K OF C ELDER COUNC	CIL #69 HOME ASSOC	
ADDRESS 462 GRANBY R		TID CODE 01000	
CITY/TOWN: CHICOPEE	STATE: MA		
MANAGER: PELC, MARS	SHA K. TYPE OF LICENSE:R	estaurant CATEGORY: All Alcoho	ol
EMAIL ADDRESS:			
	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS			
FLR & RESTROOMS ON E. KITCHEN ON FIRST FFLO	ACH FLR 2 ENT/EXITS IN F OR STORAGE ROOM . KITC	TE IN BASEMENT, LOUNGE ON FIRST FRONT AND 2 IN REAR, LOBBY; HEN AND STORAGE ROOM IN AR OF THE BUILDING THE FRONT	
I hereby certify and swear und	der penalties of perjury that:		
1. the renewed licens	e will be of the same type for the	ne same premises now licensed;	
2. the licensee has co	omplied with all laws of the Con	nmonwealth relating to taxes; and	
3. the premises are no	ow open for business (If not exp	plain below)	
SIGNED BY Individ	lual, Partner or Authorized Cor	porate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number	
Acts of 2004, signed by the	building inspector and the he	the certificate required by Chapter 304 of the ad of the fire department for the above surance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:022000008		CITY	OK TOWN	CHICOPE	C
APPLICATION FOR	RENEWAL:	Annual		LICEN	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1290 BU	A COUNTRY CLU		OURSE CO	OMMISSIO	N	
		CTATE. M	A 7711	n CODE	01020	
CITY/TOWN: CHIC		STATE: M.		P CODE:	01020	
MANAGER: STET WILL	ISON TY JAM,	PE OF LICENSE:	Restaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOU	R EMAIL ADDR	RESS		
DESCRIPTION OF I						
CLUBHOUSE,1 FLO			ND SNAC	K BAR		
I hereby certify and s	•		_			
		f the same type for t	•			
	•	h all laws of the Co		Ū	to taxes; and	
3. the premis	es are now open to	r business (If not ex	tpiain beio	W)		
SIGNED BY	Individual, Partne	er or Authorized Co	rporate Off	ficer		
DATE:	TELEPHON	NE NUMBER:	1)			ΠΟΝ NUMBER: Security Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building in	spector and the h	ead of the	fire depart	tment for the	above
Please Check Below:			LOC	AL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:			-			
-			•			
(If disapproved expla	in)					
-	in)					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUME	3ER: 022000009		CITY	JK TOWN	CHICOPE	E
APPLICATION I	FOR RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
DOING BUSINE	IE: POLISH NATIO		NC			
ADDRESS 138 C						
CITY/TOWN: C	CHICOPEE	STATE: MA	ZIF	P CODE:	01013	
MANAGER: R	ainville, Rodolphe TY	PE OF LICENSE: Re	estaurant	C	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
		WEBSITE AND ENTER YOUR F	EMAIL ADDR	ESS		
5 ENTRANCES	OF LICENSED PREM AND EXITS,STREET NCES AND EXITS		LITIES A	ND A HAI	LL. BASEMI	ENT
I hereby certify an	nd swear under penaltie	es of perjury that:				
2. the lice	newed license will be of ensee has complied with emises are now open for	th all laws of the Com	monweal	th relating		
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Off	icer		
DATE:	TELEPHO	NE NUMBER:	(N			TION NUMBER: Security Number)
Acts of 2004, sig	gned, attest that we are gned by the building it and (2) the certificate of	nspector and the hea	d of the	fire depart	ment for the	e above
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex			LOCA By:	AL LICEN	SING AUTH	ORITY
DATE:						
D1111.						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 022000010		CI	TY OR TOW	N CHICOPEI	Ξ
APPLICATION FO	R RENEWAL:	Annua	al	LICE	NSED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME:	FAMILY ASSET H	OLDINGS IN	NC.			
DOING BUSINESS	A THE BRASS TAP					
ADDRESS 66 CAB	OT ST.					
CITY/TOWN: CH	ICOPEE	STATE:	MA	ZIP CODE:	01013	
MANAGER: LAU MEI	JRIN, TYPI LISSA A.	E OF LICENS	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	,					
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER	YOUR EMAIL	ADDRESS		-
DESCRIPTION OF	LICENSED PREMISI	ES:				
	ND EXITS,DINING RONING ROOM, LOUN					
I hereby certify and	swear under penalties	of perjury that	t:			
	ved license will be of the	• •		-		
	see has complied with a				g to taxes; and	
3. the premi	ises are now open for b	ousiness (If no	ot explain i	oelow)		
SIGNED BY	Individual, Partner of	or Authorized	Corporate	e Officer		
	,					
DATE:	TELEPHONE	NUMBER		EMPLOY	ER IDENTIFICAT	ION NUMBER:
	TEEETHONE	TIONIBLIC.		(Note: NOT	Individual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are ited by the building insp (2) the certificate of l	pector and th	e head of	the fire depar	rtment for the	above
Please Check Below:			I	OCAL LICEN	NSING AUTHO	ORITY
APPROVED:			F	By:		
DISAPPROVED:						
(If disapproved expl	ain)		_			
			-			
DATE:			-			
			_			



www.mass.gov/abcc

LICENSE NUMBER: 02200	0011	CITY OR TOWN	N CHICOPEE
APPLICATION FOR RENE	WAL: Annual	LICE	INSED FOR 2013
	CLASS		YEAR
LICENSEE NAME: JESS-	REX LLC		
DOING BUSINESS A DOC	"S PLACE		
ADDRESS 1264 GRANBY	RD		
CITY/TOWN: CHICOPEE	STATE: M	A ZIP CODE:	01020
MANAGER: COTE, JESS	ICA TYPE OF LICENSE:	Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:			
	SO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF LICENS			
2 ROOMS AND KITCHEN STORAGE	ON FIRST FLOOR, TWO EN	TRANCES AND EX	ITS, CELLAR FOR
T1 1	1 11 6 1 1		
I hereby certify and swear un	se will be of the same type for	the same premises no	wy licansad:
	omplied with all laws of the Co	-	
	now open for business (If not ex	_	, to taxes, and
SIGNED BY			
Indivi	dual, Partner or Authorized Co	rporate Officer	
DATE:	TELEPHONE NUMBER:		ER IDENTIFICATION NUMBER:
		(Note: NOT]	Individual Social Security Number)
We the undersigned, attest	that we are in possession (1)	the certificate requi	ired by Chapter 304 of the
	building inspector and the hertificate of liquor liability in		
of 2010.	ertificate of fiquor hability fi	isurance required by	y Chapter 110 of the Acts
Please Check Below:		I OCAL LICEN	NSING AUTHORITY
APPROVED:		By:	Shvo Actilokii i
DISAPPROVED:		J.	
(If disapproved explain)			
		-	
DATE:			
DATE.			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 022000012		CITY OR TOWN	CHICOPER	E
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	E: S.W.W. INCORPO	DRATED			
ADDRESS 298 -3	600 CAREW ST.				
CITY/TOWN: C	HICOPEE	STATE: MA	ZIP CODE:	01020	
	ERCHUCK, TY ILLIAM M. JR	PE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		<u>1</u>
DESCRIPTION O	F LICENSED PREMI	SES:			
OUTSIDE PATIC	WITH A ROOF AND	FENCED SIDES			
I hereby certify an	d swear under penaltie	s of perjury that:			
1. the rene	ewed license will be of	the same type for the	same premises now	licensed;	
2. the lice	ensee has complied with	n all laws of the Com	nonwealth relating t	o taxes; and	
3. the pre-	mises are now open for	business (If not expl	ain below)		
SIGNED BY					
	Individual, Partner	r or Authorized Corpo	orate Officer		
DATE:	TEI EDUON	IE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
	TELEFHOR	E NUMBER.		dividual Social So	
Acts of 2004, sign	ned, attest that we are ned by the building in nd (2) the certificate of	spector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	plain)				
DATE:					



www.mass.gov/abcc

LICENSE NU	MBER: 022000014		CITY OR TOWN	1 CHICOPEI	E
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE N.	AME: JERRY & RA	AY			
DOING BUSI	NESS A MULLIGA	N'S SPORTS BAR			
ADDRESS 62	1 CENTER ST.				
CITY/TOWN:	CHICOPEE	STATE: MA	ZIP CODE:	01013	
MANAGER:	SULLIVAN, JEREMIAH	TYPE OF LICENSE: Re	estaurant (CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			-	
		OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PE	REMISES:			
I hereby certify	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for the	e same premises nov	w licensed;	
	_	d with all laws of the Com	_	to taxes; and	
3. the	premises are now op	en for business (If not exp	lain below)		
SIGNED BY	Individual, P	artner or Authorized Corp	oorate Officer		
	·				
DATE:	TELEI	PHONE NUMBER:	EMPLOYE	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT I	ndividual Social S	Security Number)
We the under	rsioned attest that v	ve are in possession (1) tl	ne certificate requi	red by Chant	er 304 of the
Acts of 2004,	signed by the buildi	ing inspector and the hea	d of the fire depar	tment for the	above
named license of 2010.	e and (2) the certific	ate of liquor liability ins	urance required by	y Chapter 116	of the Acts
Please Check Bel	OM.		LOCAL LICEN	ICINIC ALITH	ODITY
APPROVED:			LOCAL LICEN By:	ISING AUTHO	OKII I
DISAPPROVI	ED:		2).		
(If disapproved	d explain)				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 022000015		CI	TY OR TOWN	CHICOPE	Ε
APPLICATION	FOR RENEWAL:	Annu	al	LICEN	ISED FOR 20)13
		CLAS	SS			YEAR
	ESS A ST. STANI	LAUS SOCIAL CLU SLAUS SOCIAL CI				
		CTATE.	MA	ZID CODE.	01012	
CITY/TOWN:		STATE:		ZIP CODE:	01013	
MANAGER: K	·	TYPE OF LICENS	SE:Club		CATEGORY:	All Alcohol
EMAIL ADDRE						
DECODIDATION	PLEASE ALSO VISIT OF LICENSED PR	OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
TAP ROOM AN	D DINING IN BA	SEMENT,SERVICE MENT TO 1ST FLR		ND DANCE HA	LL CONNEC	TED
2. the lie	censee has complied	be of the same type and with all laws of the en for business (If no	Common	wealth relating		
SIGNED BY	Individual, P	artner or Authorized	Corporate	e Officer		
DATE:	TELEF	PHONE NUMBER:			R IDENTIFICAT	
Acts of 2004, sig	gned by the buildi	ve are in possession ng inspector and th ate of liquor liabilit	e head of	the fire depart	ment for the	above
Please Check Below APPROVED: [DISAPPROVED] (If disapproved e	D:			LOCAL LICEN By:	SING AUTHO	ORITY
DATE:						



www.mass.gov/abcc

LICENSE NUMB	ER: 022000016		CITY OR TOWN CHICOPE	Œ.
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAMI DOING BUSINES ADDRESS 982 CI		IC.		
CITY/TOWN: CI		STATE: MA	ZIP CODE: 01013	
MANAGER: NU	JBILE, SILVIO T	YPE OF LICENSE: Resi	taurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	F LICENSED PREM			
2 ROOMS ON FIF STORAGE	RST FLOOR,ONE E	NTRANCE AND TWO	EXITS, AND CELLAR FOR	
 the rene the licer 	nsee has complied w	of the same type for the	same premises now licensed; nonwealth relating to taxes; and in below)	
SIGNED BY	Individual, Parti	ner or Authorized Corpor	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, sign	ned by the building	inspector and the head	certificate required by Chap of the fire department for the rance required by Chapter 11	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	plain)		LOCAL LICENSING AUTH By:	IORITY
DATE:				



www.mass.gov/abcc

LICENSE NUMBER	:022000017	CITY OR TOWN CHICOPEE				E
APPLICATION FOR	RENEWAL:	Annual]	LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	Christopher Pros	t				
DOING BUSINESS	A P.G. Hunters Pr	ub				
ADDRESS 182 CHIC	COPEE ST.					
CITY/TOWN: CHIC	COPEE	STATE: MA	ZIP CO	DE:	01013	
MANAGER: Prost,	Christopher T	YPE OF LICENSE: Re	estaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
Ī	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF I						
2 ENTRANCES ANI STORY BLDG) EXITS,2 ROOM	AS ON FIRST FLOOR	AND CELL	AR FOI	R STORAGE	E OF A 3
I hereby certify and sy	wear under penalti	es of perjury that:				
1. the renewe	ed license will be o	of the same type for the	e same premis	es now	licensed;	
2. the license	e has complied wi	ith all laws of the Com	monwealth re	lating to	o taxes; and	
3. the premis	es are now open fo	or business (If not expl	lain below)			
SIGNED BY	Individual Partr	ner or Authorized Corp	orate Officer			
	individual, i urti	er of Hamorized Corp	orace officer			
DATE:	TELEDIA	ONE NUMBER:	FM	PLOYER	R IDENTIFICAT	TON NUMBER:
	TELEFTIC	ME NUMBER.				Security Number)
***					11 61 4	204 64
		re in possession (1) th inspector and the hea				
named license and (of 2010.	2) the certificate	of liquor liability inst	ırance requii	red by	Chapter 116	of the Acts
Please Check Below:			LOCAL L	ICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	in)					
DATE:						
APPLICATION FOR RENEW	'AL MUST BE FILED BY	Y LICENSEES DURING THE M	MONTH OF NOVE	MBER (M	I.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

LICENSE NUMBER	: 022000018		CITY	OR TOW	N CHICO	PEE
APPLICATION FOR	RENEWAL:	Annual		LICI	ENSED FOR	R 2013
		CLASS				YEAR
LICENSEE NAME:	ALCOA CATERI	NG SERVICE INC				
DOING BUSINESS	A CAVALIER STI	EAK HOUSE				
ADDRESS 366 CHIC	COPEE ST.					
CITY/TOWN: CHIC	COPEE	STATE: MA	A ZI	P CODE:	01013	
MANAGER: LUCA	AS, HELDER TY	TE OF LICENSE:	Restaurant		CATEGOR	Y: All Alcohol
EMAIL ADDRESS:						
Ī	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOU	R EMAIL ADDI	RESS		
DESCRIPTION OF I						
ONE ENTRANCE A SECOND FLOOR,B.				IRST FLO	OOR, ONE F	ROOM ON
I hereby certify and s	wear under penaltie	s of perjury that:				
1. the renewe	ed license will be of	f the same type for t	he same p	remises n	ow licensed;	
	-	h all laws of the Co			g to taxes; a	nd
3. the premis	ses are now open for	r business (If not ex	plain belo	w)		
SIGNED BY	Individual Partne	er or Authorized Co	rnorate Of	ficer		
	marvidual, i arme	Torramorized Co.	porute Or	ncci		
DATE:	TELEDIJON	NE NUMBER:		EMPI O	ZER IDENTIFI	CATION NUMBER:
	TELEFHOI	NE NUMBER.	(1			ial Security Number)
						204 8.7
We the undersigned Acts of 2004, signed						
named license and (of 2010.						
Please Check Below:			LOC	AL LICE	NSING AU	THORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	in)					
			-			
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURING THI	E MONTH OF	NOVEMBER	R (M.G.L. Ch. 138	3 \$ 16A)



www.mass.gov/abcc

LICENSE NUMBER: 0220	00019	CITY OR TOWN CHICOPEE
APPLICATION FOR REN	EWAL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: MAR	IO A. DOCARMO	
DOING BUSINESS A CH	IEF'S LOUNGE	
ADDRESS 371 CHICOPE	E ST.	
CITY/TOWN: CHICOPE	E STATE: MA	ZIP CODE: 01013
MANAGER:	TYPE OF LICENSE:	Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICEN	SED PREMISES:	
		OOMS AND KITCHEN ON 1 FLOOR, ATIO ON THE SIDE OF THE BUILDING.
	nder penalties of perjury that:	
•	nse will be of the same type for the	he same premises now licensed;
	* *	mmonwealth relating to taxes; and
3. the premises are	now open for business (If not ex	plain below)
SIGNED BY		0.00
Indiv	vidual, Partner or Authorized Cor	porate Officer
DATE:		
DATE.	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		the certificate required by Chapter 304 of the ead of the fire department for the above
		surance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
		
DATE:		
APPLICATION FOR RENEWAL MUS	ST BE FILED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

LICENSE NUMBER: 022000	0020	CITY OR TOWN CHICOP	EE
APPLICATION FOR RENEV	WAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: COLO	NIAL CAFE INC. OF CHICOR	PEE	
DOING BUSINESS A COLO	ONIAL CAFE		
ADDRESS 550-54 CHICOPE	EE ST.		
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE: 01013	
MANAGER: CIESLAK, RICHARD	TYPE OF LICENSE: R	cestaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS			
	D BAR AND ROOM FOR STO S REAR ENTRANCES AND E	DRAGE ON 1ST FLOOR,CELL. XXITS	AR FOR
I hereby certify and swear und	ler penalties of perjury that:		
1. the renewed licens	e will be of the same type for th	ne same premises now licensed;	
2. the licensee has co	mplied with all laws of the Cor	nmonwealth relating to taxes; and	d
3. the premises are no	ow open for business (If not exp	plain below)	
SIGNED BY			
Individ	lual, Partner or Authorized Cor	porate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: <u>NOT</u> Individual Socia	al Security Number)
Acts of 2004, signed by the	building inspector and the he	the certificate required by Chap ad of the fire department for the surance required by Chapter 1	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			
DATE:		·	



www.mass.gov/abcc

LICENSE NUMBER:	022000022		CITY OR TOW	N CHICOPEI	E
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	THE Y CAFE, IN	íC.			
DOING BUSINESS A	Y CAFE				
ADDRESS 720 CHIC	OPEE ST.				
CITY/TOWN: CHIC	OPEE	STATE: MA	ZIP CODE:	01013	
MANAGER: ROBII CLAIR	,	PE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
DESCRIPTION OF L					
2 ROOMS ON FIRST OF A 4 STORY BLDO		NTRANCE AND O	NE EXIT, AND CE	LLAR FOR ST	ORAGE
I hereby certify and sw	vear under penaltie	es of perjury that:			
1. the renewed	d license will be of	f the same type for t	he same premises n	ow licensed;	
2. the licensee	e has complied wit	th all laws of the Con	mmonwealth relatin	g to taxes; and	
3. the premise	es are now open for	r business (If not ex	plain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Con	rporate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ir	nspector and the he	ead of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED: (If disapproved explain					
(ii disappioved explai	11)				
DATE:					



www.mass.gov/abcc

LICENSE NUMBE	K : 022000027		CITYOR	IOWN	CHICOPE	C
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	SODEXHO N	MANAGEMENT, INC				
DOING BUSINESS	A MASSMUT	UAL CONFERENCE CE	ENTER			
ADDRESS 350 ME	MORIAL DR					
CITY/TOWN: CH	ICOPEE	STATE: MA	ZIP C	CODE:	01020	
MANAGER: GAI	FNEY, CHAEL	TYPE OF LICENSE: Re	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	3		_
DESCRIPTION OF	LICENSED PR	EMISES:				
FLOORS AND APP AND ALCOHOL W	PROX 11,000SQ VILL BE SERVI	NTER WIT APPROX 50 OFT OF CONFERANCE ED TO CONFERENCE A UGHOUT THE CONFER	ROOMS OF	N 1ST FI ITS. NUI	OO WHERE	E FOOD
•	-	alties of perjury that:				
		be of the same type for the	-			
	•	l with all laws of the Com		relating t	to taxes; and	
3. the prem	ises are now ope	en for business (If not exp	lain below)			
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Office	er		
DATE:	TELEP	HONE NUMBER:				ΓΙΟΝ NUMBER:
			(Note	e: <u>NOT</u> Inc	dividual Social S	Security Number)
Acts of 2004, signe	d by the buildi	re are in possession (1) the ng inspector and the hea ate of liquor liability ins	d of the fir	e depart	ment for the	above
Please Check Below: APPROVED:			LOCAL By:	LICENS	SING AUTH	ORITY
DISAPPROVED: (If disapproved expl	ain)					
	,					
DATE:						



www.mass.gov/abcc

LICENSE NUMBE	R: 022000029		CITY OR TO	WN CHICOPEI	E
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CHICOPEE CI	ENTER LEGION HON	IE INC.		
DOING BUSINESS	A CHICOPEE O	CENTER LEGION PO	ST #452		
ADDRESS 43 EXC	HANGE				
CITY/TOWN: CH	ICOPEE	STATE: MA	ZIP CODE	E: 01013	
MANAGER: STE	C, WAYNE	TYPE OF LICENSE:	eterans club	CATEGORY:	All Alcohol
EMAIL ADDRESS:		-			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
4 ENTRANCES AN STORAGE	ID EXITS, 8 RO	OMS ON 1ST FLOOR,	ONE OF WHICH	H IS TO BE USE	D FOR
I hereby certify and	swear under pena	lties of perjury that:			
1. the renew	wed license will be	e of the same type for the	ne same premises	now licensed;	
	-	with all laws of the Cor		ing to taxes; and	
3. the premi	ises are now open	n for business (If not ex	plain below)		
SIGNED BY	Individual, Par	rtner or Authorized Cor	porate Officer		
	,				
DATE:	TELEPH	HONE NUMBER:	EMPLO	OYER IDENTIFICAT	TION NUMBER:
	I EEEI I	IOI LE I VOIVIDEIX.	(Note: <u>NO</u>	f T Individual Social S	Security Number)
We the undersigned	d attact that wa	e are in possession (1)	ho cortificato ro	guired by Chant	or 304 of the
		g inspector and the he			
named license and of 2010.	(2) the certificat	te of liquor liability in	surance required	l by Chapter 116	of the Acts
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	-:-)				
(If disapproved expl	am)				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMB	ER (M.G.L. Ch. 138 \$ 10	6A)



www.mass.gov/abcc

LICENSE NUMBER: 0220	000030		CITY OR TOWN	CHICOPEE	
APPLICATION FOR REN	IEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME: FOR	RTE FAMILY, I	INC			
DOING BUSINESS A RE	ED FEZ				
ADDRESS 70 EXCHANG	BE ST				
CITY/TOWN: CHICOPE	EE	STATE: MA	ZIP CODE:	01013	
MANAGER: PRAGOSA F.	A, MARIA TYP	E OF LICENSE:R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICE					
3 ENTRANCES AND EXT MONITOR BLDG	ITS, ONE ROO	M ON FIRST FLO	OOR,CELLAR FOR S	TORAGE O	N A
I hereby certify and swear	under penalties	of perjury that:			
1. the renewed lice	ense will be of t	he same type for th	e same premises now	licensed;	
2. the licensee has	complied with	all laws of the Con	nmonwealth relating to	taxes; and	
3. the premises are	e now open for l	business (If not exp	olain below)		
SIGNED BY					
Indi	vidual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	E NUMBER:		DENTIFICATI	
			(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building ins	pector and the he	ad of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(ii disapproved explain)					
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	22000031		CITY OR TOWN CHICO	PEE
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
LICENSEE NAME: R	ROLLIN' ROC TA	VERN, INC.		
DOING BUSINESS A	ROLLIN' ROC TA	AVERN		
ADDRESS 258 EXCHA	ANGE ST			
CITY/TOWN: CHICC	PEE	STATE: MA	ZIP CODE: 01013	
MANAGER: FERUS. A.	, RICHARD TYP	'E OF LICENSE: Re	staurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
PLE	CASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LIC				
2 ROOMS, ONE ENTR SQ. NO CELLAR	RANCE AND EXI	T ON EXCHANGE	ST,ONE ENTRANCE ONTO) MARKET
I hereby certify and swe	ear under penalties	of perjury that:		
1. the renewed	license will be of t	he same type for the	same premises now licensed;	
2. the licensee l	has complied with	all laws of the Com	nonwealth relating to taxes; a	nd
3. the premises	are now open for	business (If not expl	ain below)	
SIGNED BY				
Ι	ndividual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTIFIE	
			(Note: <u>NOT</u> Individual Soc	ial Security Number)
Acts of 2004, signed b	y the building ins	pector and the head	e certificate required by Ch d of the fire department for trance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain))			
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 022000032	CITY OR TOWN CHICOPEE			
APPLICATION FOR RENEWAL:	Annual	LICENSI	ED FOR 2013	
	CLASS		YEAR	
LICENSEE NAME: RIVOLI, INC. DOING BUSINESS A ADDRESS 41 SPRINGFIELD STREET				
	STATE: MA	ZIP CODE:	01012	
CITY/TOWN: CHICOPEE MANAGER: WARGULEWSKI, TYPEUGENIAUSZ			01013 TEGORY: All Alcohol	
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISE ENTRANCE LOBBY, THE MAIN THE ALL I hereby certify and swear under penalties 1. the renewed license will be of the second state of the licensee has complied with the premises are now open for the second state of the licensee has complied with the premises are now open for the second state of the licensee has complied with the premises are now open for the second state of the licensee has complied with the premises are now open for the second state of the licensee has complied with the licen	SES: ATER AREA AND To of perjury that: the same type for the all laws of the Comme	Same premises now li	icensed;	
SIGNED BY Individual, Partner	or Authorized Corpo	orate Officer		
DATE: TELEPHON	E NUMBER:		DENTIFICATION NUMBER:	
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	l of the fire departm	ent for the above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIN	NG AUTHORITY	



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

			CIII	OR TOWN		_
APPLICATION FO	OR RENEWAL:	Annual		LICEN	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME	: CHICOPEE 1	PORTUGUESE AMER	ICAN CL	UB, INC.		
DOING BUSINESS	S A CHICOPEE	E PORTUGUESE AME	ERICAN C	LUB		
ADDRESS 147-49	EXCHANGE S'	Τ.				
CITY/TOWN: CH	ICOPEE	STATE: M	IA Z	IP CODE:	01013	
	AUDINO, ANCISCO	TYPE OF LICENSE	Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	JR EMAIL ADI	DRESS		_
DESCRIPTION OF						
		FLOOR,CELLAR FOR	STORAC	GE. 5 ENTRA	ANCES AND	EXITS
	•	nalties of perjury that:				
		be of the same type for	-			
	•	d with all laws of the Co		· ·	o taxes; and	
3. the prem	ises are now ope	en for business (If not e	xplain belo	ow)		
SIGNED BY	Individual, P	artner or Authorized Co	orporate O	fficer		
		artifici of Authorized Co				
		arther of Authorized Co				
		articl of Addiorized Co				
DATE:	TELEF	PHONE NUMBER:		EMPLOYEI	R IDENTIFICAT	TION NUMBER:
DATE:	TELEF		,			TION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed	ed, attest that w) the certif	(Note: <u>NOT</u> Ind ficate requir e fire depart	lividual Social S ed by Chapte ment for the	er 304 of the above
We the undersigned Acts of 2004, signed named license and	ed, attest that w	PHONE NUMBER: we are in possession (1) ng inspector and the h) the certinead of the nead of the nsurance	(Note: <u>NOT</u> Inc ficate requir e fire depart required by	lividual Social S ed by Chapte ment for the	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED:	ed, attest that w	PHONE NUMBER: we are in possession (1) ng inspector and the h) the certinead of the nead of the nsurance	(Note: <u>NOT</u> Ind ficate require e fire depart required by CAL LICENS	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	ed, attest that wed by the buildi	PHONE NUMBER: we are in possession (1) ng inspector and the h	the certificad of the nsurance	(Note: <u>NOT</u> Ind ficate require e fire depart required by CAL LICENS	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED:	ed, attest that wed by the buildi	PHONE NUMBER: we are in possession (1) ng inspector and the h	the certificad of the nsurance	(Note: <u>NOT</u> Ind ficate require e fire depart required by CAL LICENS	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	ed, attest that wed by the buildi	PHONE NUMBER: we are in possession (1) ng inspector and the h	the certificad of the nsurance	(Note: <u>NOT</u> Ind ficate require e fire depart required by CAL LICENS	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 022000034		CITY OR TOWN	CHICOPEE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
	AME: WILLIAM F. D NESS A VFW POST #6		FW HOME ASSOC.	INC.
ADDRESS 374	4 FRONT			
CITY/TOWN:	CHICOPEE	STATE: MA	ZIP CODE:	01013
MANAGER:	LANGELIER, T PATRICIA	YPE OF LICENSE:	/eterans club C	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	MISES:		
	NCE ON FRONT ST A HT REAR, MAIN HAL LOOR			
I hereby certify	and swear under penalt	ies of perjury that:		
1. the 1	renewed license will be	of the same type for t	he same premises now	licensed;
2. the l	licensee has complied w	rith all laws of the Co	mmonwealth relating t	to taxes; and
3. the 1	premises are now open	for business (If not ex	plain below)	
SIGNED BY	Individual, Part	ner or Authorized Cor	porate Officer	
	·			
DATE:	TELEPHO	ONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004,	signed by the building	inspector and the he	ead of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo				SING AUTHORITY
APPROVED: DISAPPROVE			By:	
(If disapproved				
(11 disapproved	CAPIUIII)			
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 022000035		CITY OR TOWN CHI	COPEE
APPLICATION FOR RENEWAL:	Annual	LICENSED I	FOR 2013
	CLASS		YEAR
LICENSEE NAME: CHICOPEE FAI	LS LODGE #1849 LO	YAL ORDER OF MOOS	SE .
DOING BUSINESS A MOOSE LODG	GE #1849		
ADDRESS 244 FULLER ROAD			
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE: 010	020
MANAGER: BARONOWSKI,RO T BERT	YPE OF LICENSE: Club	CATEC	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM			
FIRST FLOOR, 4 EXITS AND 2 ENT ROOMS AND CELLAR FOR STORA enclosed by a fence			
I hereby certify and swear under penalt	es of perjury that:		
1. the renewed license will be	of the same type for the	same premises now licens	sed;
2. the licensee has complied w	ith all laws of the Comm	onwealth relating to taxe	s; and
3. the premises are now open f	or business (If not expla	in below)	
SIGNED BY Individual, Partr	er or Authorized Corpor	rate Officer	
DATE: TELEPHO	ONE NUMBER:		TIFICATION NUMBER:
		(Note: NOT Individual	Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department	for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	022000036		CITY OR	TOWN CHICOP	EE
APPLICATION FOR	RENEWAL:	Annual		LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	CJM ENTERPRI	SES, INCORPORAT	ED .		
DOING BUSINESS A	AUDITORIUM	PUB			
ADDRESS 52 GLAD	U AVE				
CITY/TOWN: CHIC	OPEE	STATE: MA	ZIP CO	ODE: 01020	
MANAGER: MANI CURT	· · · · · · · · · · · · · · · · · · ·	PE OF LICENSE: R	estaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L					
2 SIDE ENTRANCES AUDITORIUM,KITC BLDG					2 STORY
I hereby certify and sw	ear under penaltie	es of perjury that:			
1. the renewed	d license will be o	f the same type for th	e same premi	ses now licensed;	
		th all laws of the Com		elating to taxes; and	d
3. the premise	es are now open fo	or business (If not exp	olain below)		
SIGNED BY	Individual, Partne	er or Authorized Corp	orate Officer		
		·			
DATE:	TELEPHO	NE NUMBER:	EN	1PLOYER IDENTIFICA	ATION NUMBER:
			(Note:	NOT Individual Socia	l Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	nspector and the hea	ad of the fire	department for th	ne above
Please Check Below:			LOCAL	LICENSING AUT	HORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	11)				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN CHICOPEE
al LICENSED FOR 2013
SS YEAR
ΓΗΕ B.P.O.E., INC.
MA ZIP CODE: 01013
SE:Club CATEGORY: All Alcohol
t: for the same premises now licensed; c Commonwealth relating to taxes; and ot explain below)
l Corporate Officer
EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
(1) the certificate required by Chapter 304 of the ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts
ne head of the fire department for the above
S t f



www.mass.gov/abcc

LICENSE NUMBE	R: 022000038		CI	TY OR TO	OWN	CHICOPEE	3
APPLICATION FO	R RENEWAL:	Annua	al	L	ICEN:	SED FOR 20	13
		CLAS	SS				YEAR
LICENSEE NAME:	: CHICOPEE K OF C	ELDER CO	UNCIL #6	9 HOME	ASSO	C., INC	
DOING BUSINESS	S A K OF C ELDER CC	OUNCIL #69)				
ADDRESS 460 GR	ANBY ROAD						
CITY/TOWN: CH	ICOPEE	STATE:	MA	ZIP COD	E:	01013	
MANAGER: PEL	C, MARSHA K. TYPE	OF LICENS	SE:Club		CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	:						
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER	YOUR EMAIL	ADDRESS			I
DESCRIPTION OF	LICENSED PREMISE	S:					
ON SECOND FLOO	AND 2 REAR ENTRAN OR, BASEMENT IN LO D 4 ROOMS IN BASEM	OWER LEV					
I hereby certify and	swear under penalties of	f perjury that	t :				
	wed license will be of the			_			
	see has complied with al				ating to	taxes; and	
3. the prem	ises are now open for bu	isiness (If no	it explain t	below)			
CICNED DV							
SIGNED BY	Individual, Partner or	Authorized	Corporate	Officer			
DATE:	TELEPHONE 1	NUMBER:		EMP	LOYER	IDENTIFICAT	ION NUMBER:
				(Note: <u>Note</u>	OT Ind	ividual Social Se	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of lic	ector and th	e head of	the fire d	epartr	nent for the	above
Please Check Below:			L	OCAL LI	CENS	ING AUTHO	ORITY
APPROVED:			В	By:			
DISAPPROVED: (If disapproved expl							
(11 disappioved expi	am,		_				_
			-				
DATE:			_				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	EK: 022000039		CITY OR TO	JWN CHICOPE	E.
APPLICATION F	FOR RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAM	E: NEW ROYA	L CAFE OF CHICOPEE	INC		
DOING BUSINE	SS A ROYAL CA	AFE			
ADDRESS 699 G	RATTAN ST				
CITY/TOWN: C	HICOPEE	STATE: MA	ZIP COI	DE: 01020	
MANAGER: BI	URNHAM, HAWN	TYPE OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION C					
2 ROOMS AND I	KITCHEN ON 1S	T FLR, CELLAR FOR ST	TORAGE OF A	4 STORY BLDC	3
I hereby certify an	nd swear under per	nalties of perjury that:			
1. the ren	ewed license will	be of the same type for the	e same premise	s now licensed;	
2. the lice	ensee has complied	d with all laws of the Com	monwealth rela	ating to taxes; and	
3. the pre	mises are now ope	en for business (If not exp	lain below)		
GIGNED DV					
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEP	HONE NUMBER:	EMP	LOYER IDENTIFICA	TION NUMBER:
			(Note: <u>N</u>	OT Individual Social	Security Number)
Acts of 2004, sig	ned by the buildi	ve are in possession (1) the ng inspector and the heat ate of liquor liability ins	d of the fire d	epartment for the	e above
Please Check Below:			LOCAL LI	CENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	xplain)				
DATE:					
			-		



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 022000041		CITY OR TOWN	CHICOPE	Е
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
	E: COLACCI, INC S A SPIRO'S PIZZA RATTAN ST.	& RESTAURANT			
CITY/TOWN: CH	HICOPEE	STATE: MA	ZIP CODE:	01013	
	LACCI, ANNA TY ARIA	PE OF LICENSE: F	Restaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:]
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	R EMAIL ADDRESS		_
	F LICENSED PREMI				
4 EXITS AND 2 E	NTRANCES IN ONE	BUILDING			
 the rene the licer 		the same type for the all laws of the Cor	he same premises now mmonwealth relating t plain below)		
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	IE NUMBER:			CION NUMBER:
Acts of 2004, sign	ed by the building in	spector and the he	the certificate required of the fire departs	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 0220	00042		C	TITY OR T	OWN	CHICOPE	E
APPLICATION FOR REN	EWAL:	Annı	ıal]	LICENS	SED FOR 2	013
		CLA	SS				YEAR
LICENSEE NAME: PAL	LAM OF CHIC	COPEE INC					
DOING BUSINESS A MY	BROTHER'S	PLACE					
ADDRESS 185 GROVE ST	Γ						
CITY/TOWN: CHICOPE	Е	STATE:	MA	ZIP CO	DE:	01020	
MANAGER: WOJCIK, LAWRENC		E OF LICEN	SE:Resta	urant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
PLEASE A	ALSO VISIT OUR WE	EBSITE AND ENTE	R YOUR EMAI	L ADDRESS			
DESCRIPTION OF LICEN							
ONE ROOM AND KITCH STORAGE WITH A DOO!							
I hereby certify and swear u	nder penalties	of perjury tha	at:				
1. the renewed lice	nse will be of	the same type	for the sa	me premis	ses now	licensed;	
2. the licensee has	complied with	all laws of th	e Commo	nwealth re	lating to	taxes; and	
3. the premises are	now open for	business (If n	ot explair	below)			
SIGNED BY							
Indiv	vidual, Partner	or Authorized	d Corpora	te Officer			
DATE:	TELEPHON	E NUMBER:					ΓΙΟΝ NUMBER:
				(Note: I	NOT Ind	ividual Social S	Security Number)
We the undersigned, atterdates of 2004, signed by the named license and (2) the of 2010.	e building ins	spector and t	he head o	f the fire (departr	nent for the	above
Please Check Below:				LOCAL L	ICENS	ING AUTH	ORITY
APPROVED:				By:			
DISAPPROVED: (If disapproved explain)							
(11 disapproved expiaiil)							
DATE:							



www.mass.gov/abcc

LICENSE NUMBER: ()22000044		C.	ITY OR TO	WN	CHICOPI	EE	
APPLICATION FOR F	RENEWAL:	Annua	l	LI	CENS	SED FOR	2013	
		CLASS	S				YEAR	
LICENSEE NAME:	BUFFALO ATHL	ETIC AND SO	CIAL C	LUB, INC.				
DOING BUSINESS A	BUFFALO CLU	В						
ADDRESS 333 JAMES	S ST							
CITY/TOWN: CHICO	OPEE	STATE:	MA	ZIP CODI	E:	01020		
MANAGER: BAUEF M.	R, PAULINE TY	PE OF LICENS	E:Club		CA	TEGORY	: All Alcoh	ol
EMAIL ADDRESS:								
PLI	EASE ALSO VISIT OUR W	VEBSITE AND ENTER Y	OUR EMAII	ADDRESS				
DESCRIPTION OF LI								
ONE FRONT AND ON FLOOR, KITCHEN, M					, 2 RC	OOMS ON	FIRST	
I hereby certify and swe	ear under penaltie	s of perjury that:						
1. the renewed	license will be of	the same type for	or the sai	ne premises	now 1	licensed;		
2. the licensee	has complied with	h all laws of the	Commor	nwealth relat	ing to	taxes; and	[
3. the premises	s are now open for	r business (If not	explain	below)				
SIGNED BY								
]	Individual, Partne	r or Authorized	Corporat	e Officer				
DATE:	TELEPHON	NE NUMBER:					ATION NUMBE	
				(Note: NO	1 Indi	vidual Social	Security Number	er)
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building in	spector and the	head of	the fire de	- partn	ent for th	e above	
Please Check Below:]	LOCAL LIC	CENSI	NG AUTI	HORITY	
APPROVED:	٦		-	Ву:				
DISAPPROVED:								
(If disapproved explain)							
DATE:								



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 022000045		CITY OR TOW	N CHICOPE	E
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICE	ENSED FOR 2	013 YEAR
	E: BERNIE'S INC. S A BERNIE'S REST MES ST.	AURANT			
CITY/TOWN: CF	HICOPEE	STATE: MA	ZIP CODE:	01020	
	RNASHE, TYI RY A.	PE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
	F LICENSED PREMIS				
DINING CAR,SUN	N ROOM AND KITCH	HEN WITH ONE E	NTRANCE AND T	TWO EXITS	
 the rene the licer 	I swear under penalties wed license will be of usee has complied with uses are now open for	the same type for the all laws of the Cor	nmonwealth relating		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICA	
Acts of 2004, sign	ed, attest that we are ed by the building ins d (2) the certificate of	spector and the he	ad of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] olain)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 022000047		CITY OR TOWN	CHICOPEE
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
LICENSEE NAME: DOING BUSINESS ADDRESS 101 MA	A WINDSOR CAF	CLASS E		YEAR
CITY/TOWN: CH	ICOPEE	STATE: MA	ZIP CODE:	01013
MANAGER: DEA MIC	DY, TY	PE OF LICENSE:Res	taurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
ONE ROOM, KITCH I hereby certify and a 1. the renew 2. the licens	LICENSED PREMISHEN IN REAR, CEL swear under penalties yed license will be of see has complied with	LAR FOR STORAGE	E IN A TWO STOR same premises now nonwealth relating t	licensed;
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer	
		or riumorizod Corpo		
DATE:	TELEPHON	IE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigne Acts of 2004, signe	d, attest that we are d by the building in	E NUMBER: in possession (1) the spector and the head	(Note: NOT Ince certificate require of the fire depart	dividual Social Security Number) ed by Chapter 304 of the
We the undersigne Acts of 2004, signe named license and	d, attest that we are d by the building in (2) the certificate of	E NUMBER: in possession (1) the spector and the head	(Note: <u>NOT</u> Inc e certificate requir of the fire depart rance required by	ed by Chapter 304 of the ment for the above



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:022000050		CITY OR T	OWN CHICOPE	E
APPLICATION FOR	RENEWAL:	Annual]	LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LUCKY STRIK	E RESTAURANT,I	NC		
DOING BUSINESS	A				
ADDRESS 703 GRA	TTAN STREET				
CITY/TOWN: CHIC	COPEE	STATE: M	A ZIP CO	DE: 01020	
MANAGER: MICH DUG		TYPE OF LICENSE	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YO	JR EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREM	MISES:			
SINGLE STORY CO PUBLIC ENTR. ANI SIDE,EMERGENCY	D EXIT, SOUTH	SIDE,1 PRIVATE			.FT.
I hereby certify and sv	wear under penalt	ties of perjury that:			
1. the renewe	ed license will be	of the same type for	the same premis	es now licensed;	
2. the license	e has complied w	vith all laws of the C	ommonwealth rel	lating to taxes; and	
3. the premis	es are now open	for business (If not e	xplain below)		
SIGNED BY	To P. Cl. of Door		OSC		
	individual, Part	ner or Authorized Co	orporate Officer		
DATE:			EMI	DI OVED IDENTIFICAT	DON NUMBER.
DATE.	TELEPHO	ONE NUMBER:		PLOYER IDENTIFICAT NOT Individual Social S	
			_	maryidaa sooiai s	recurry rumeer,
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building	inspector and the l	ead of the fire o	department for the	above
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 02200005	1	CITY OR TOWN CHICOPEE	
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: FALLS PO	OLISH HOME CAFE INC		
DOING BUSINESS A FALLS I	POLISH HOME CAFE/COUR	RT YARD CAFE	
ADDRESS 27 GROVE ST			
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE: 01020	
MANAGER: ZIELINSKI, MARIAN	TYPE OF LICENSE: Res	staurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED			
2 ROOMS ON FIRST FLOOR, F CELLAR FOR STORAGE OF A		ND 2 DINING ROOMS ON 2ND FLR. PATIO IN REAR OF BLDG.	
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	vill be of the same type for the	same premises now licensed;	
2. the licensee has comp	lied with all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now	open for business (If not expla	ain below)	
SIGNED BY			
Individua	l, Partner or Authorized Corpo	orate Officer	
			7
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the buil	ilding inspector and the head	e certificate required by Chapter 304 of the I of the fire department for the above rance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

LICENSE NUMBER: 022000	0052	CITY OR TOWN CHIC	OPEE
APPLICATION FOR RENE	WAL: Annual	LICENSED FO	OR 2013
	CLASS		YEAR
LICENSEE NAME: 134 M	EADOW STREET, INC.		
DOING BUSINESS A DUG	-OUT CAFE& PIZZA SHO	PPE	
ADDRESS 134 MEADOW S	JT.		
CITY/TOWN: CHICOPEE	STATE: N	MA ZIP CODE: 01013	3
MANAGER: BENOIT, RO M.	GER TYPE OF LICENSE	:Restaurant CATEGO	PRY: All Alcohol
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF LICENS			
1 FRONT,1 SIDE AND 1 RE BE USED FOR DISPENSIN		ON 1ST FLOOR AND DOWN: ES AND STORAGE	STAIRS TO
I hereby certify and swear und	der penalties of perjury that:		
1. the renewed licens	e will be of the same type for	the same premises now licensed	d;
2. the licensee has co	omplied with all laws of the C	Commonwealth relating to taxes;	and
3. the premises are n	ow open for business (If not e	explain below)	
SIGNED BY			
Individ	lual, Partner or Authorized C	orporate Officer	
DATE:	ΓELEPHONE NUMBER:		FICATION NUMBER:
		(Note: <u>NOT</u> Individual So	ocial Security Number)
Acts of 2004, signed by the	building inspector and the) the certificate required by C head of the fire department for insurance required by Chapte	r the above
Please Check Below:		LOCAL LICENSING AT	UTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 022000054	(CITY OR TOWN CHICOPE	E
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: 99 RESTAURA	NTS OF BOSTON LLC		
DOING BUSINESS A 99 RESTAUR	ANT & PUB		
ADDRESS 555 MEMORIAL DRIVE			
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE: 01013	
MANAGER: CARROLL, HOLLY T	YPE OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	IL ADDRESS	_
DESCRIPTION OF LICENSED PREM THE PREMISE WILL INCLUDE A B OUT/ FOYER AREA, WOMENS & M OFFICE, DISHWASHING AREA, FO LINE AREA.	BAR AREA, LOUNGE, D MEN'S ROOM, EMPLOY	EE CHANG ING AREA, MA	NAGERS
1. the renewed license will be 2. the licensee has complied w 3. the premises are now open to	of the same type for the savith all laws of the Commo	onwealth relating to taxes; and	
SIGNED BY Individual, Parti	ner or Authorized Corpora	ate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



www.mass.gov/abcc

LICENSE NUMB	ER: 022000055		CITY OR TOWN	CHICOPEE	
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAM	E: Hershal, LLC				
DOING BUSINES	SS A Hampton Inn				
ADDRESS 600 M	MEMORIAL DRIVE				
CITY/TOWN: C	HICOPEE	STATE: M	A ZIP CODE:	01020	
	ofstetter, Sandra TY inslow Ree	PE OF LICENSE:	Innholder C.	ATEGORY: All Alcohol	
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOU	IR EMAIL ADDRESS		
DESCRIPTION C	OF LICENSED PREMI	SES:			
7200 sq ft located area, pool area an		clude meeting room	n a and b, prep area, bro	eakfast area, lobby	
2. the lice 3. the pre		h all laws of the Co	the same premises now ommonwealth relating t xplain below)		
SIGNED BY	Individual, Partne	r or Authorized Co	orporate Officer		
DATE:	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER:	
Acts of 2004, sign	ned by the building in	spector and the h	ead of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below:			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	piain)				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	022000056		CITY OR TO	WN CHICOPE	E
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CHUNIDA,INC.				
DOING BUSINESS A	DAYS INN				
ADDRESS 450 MEM	ORIAL DRIVE				
CITY/TOWN: CHIC	OPEE	STATE: MA	ZIP CODI	E: 01020	
MANAGER: RICHAURIE	ARDSON,LA TYPI	E OF LICENSE: Innh	older	CATEGORY:	All Alcohol
EMAIL ADDRESS:]
PI	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LI					
4 LEVELS CONSISTI AREA.THE 1ST,2ND PORTION O F THE B	& 3RD DL. GUEST	Γ ROOMS, HALWA	YS,STAIRWE	LLS,& OFFICES	AND A
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	l license will be of the	he same type for the s	same premises	now licensed;	
	•	all laws of the Comm		ing to taxes; and	
3. the premise	s are now open for b	business (If not explain	in below)		
SIGNED BY	Individual, Partner of	or Authorized Corpor	ate Officer		
	, , , , , , , , , , , , , , , , , , , ,				
DATE:	TELEPHONE	E NUMBER:	EMPLO	OYER IDENTIFICAT	TION NUMBER:
	TEEET TOTAL		(Note: <u>NO</u>	T Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed anamed license and (2 of 2010.	by the building insp	pector and the head	of the fire dep	partment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
			-		
DATE:					



www.mass.gov/abcc

LICENSE NUI	MBER: 022000059	(CITY OR TOWN CHICO	PEE
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
	AME: THE PARADISE I	NC. OF CHICOPEE		
	5 MEMORIAL DRIVE			
CITY/TOWN:	CHICOPEE	STATE: MA	ZIP CODE: 01020	
MANAGER:	YEE, EDISON L. TY	PE OF LICENSE: Resta	aurant CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMI	SES:		
EXITS, 1 REA	R DOOR FOR DELIVER EXITS, LOWER LEVEL 1	IES, CELLAR FOR ST	DBBY, KITCHEN, 3 ENTR FORAGE WITH EXIT.2NI ER LEVEL BAR, SERVICE	FLOOR
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of	the same type for the s	ame premises now licensed;	
	•		onwealth relating to taxes; a	nd
3. the 1	premises are now open for	business (If not explai	n below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	ate Officer	
DATE:				
DATE.	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFI (Note: NOT Individual Soc	
			(costs) <u>rest</u> maryidadi boc	rai security rumser)
Acts of 2004,	signed by the building in	spector and the head	certificate required by Ch of the fire department for ance required by Chapter	the above
Please Check Belo	ow:		LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				
•				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 022000060	•	LITY OR TOWN CHICOPEE
APPLICATION FOR RENEWAL	.: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: BRIDGE C DOING BUSINESS A BRIDGE ADDRESS 840 MEMORIAL DR	CAFE	NC.
		7ID CODE: 01020
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE: 01020
MANAGER: DELMONTE, FRANK	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS
DESCRIPTION OF LICENSED I		
ONE ENTRANCE, 2 EXITS,4 RO		ND CELLAR FOR STORAGE
I hereby certify and swear under p	1 0 0	
	ll be of the same type for the s	•
•	led with all laws of the Commo	_
3. the premises are now o	pen for business (If not explain	n below)
SIGNED BY Individual,	Partner or Authorized Corpora	nte Officer
DATE: TELH	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above nnce required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C : 022000063		CITY OR TOV	WN CHICOPE	E
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
	FAIRVIEW KNIGH A FAIRVIEW K OF		BUS HOME ASS	OCIATION	
CITY/TOWN: CHI		STATE: MA	ZIP CODE	i: 01020	
					All Alaskal
	NEUF, PAUL TYPI	E OF LICENSE:	lub	CATEGORY:	All Alconol
EMAIL ADDRESS:	PLEASE ALSO VISIT OUR WEI	DOUTE AND ENTED VOLID	EMAII ADDDESS		
DESCRIPTION OF	LICENSED PREMIS		EMAIL ADDRESS		
3 ROOMS ON ONE	FLOOR, 6 ENTRAN	CES AND EXITS	,CELLAR FOR S	TORAGE	
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	red license will be of the	ne same type for th	e same premises	now licensed;	
2. the licens	ee has complied with a	all laws of the Con	nmonwealth relati	ng to taxes; and	
3. the premi	ses are now open for b	ousiness (If not exp	plain below)		
SIGNED BY	Individual, Partner of	or Authorized Corp	porate Officer		
DATE:	TELEPHONE	E NUMBER:		OYER IDENTIFICATE Individual Social S	
Acts of 2004, signed	d, attest that we are i d by the building insp (2) the certificate of l	pector and the he	ad of the fire dep	artment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain					
(11 disappioved explo	,				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 022000065		CITY OR TOWN CHICOP	EE
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM DOING BUSINES ADDRESS 1972 N	SS A	SH MARKET, INC		
CITY/TOWN: C			7ID CODE. 01020	
MANAGER: FE	ERNANDES,	STATE: MA TYPE OF LICENSE: Re	ZIP CODE: 01020 staurant CATEGORY	Y: All Alcohol
	AURA			
EMAIL ADDRES				
DESCRIPTION O		OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
ONE ENTRANCE	E AND 3 EXITS,		OOR AND NEW ADDITION	TO THE
I hereby certify an	d swear under pen	nalties of perjury that:		
1. the rene	ewed license will	be of the same type for the	same premises now licensed;	
	-		monwealth relating to taxes; and	d
3. the pres	mises are now ope	en for business (If not expl	ain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004, sign	ned by the buildi	ng inspector and the head	e certificate required by Cha d of the fire department for tl urance required by Chapter 1	he above
Please Check Below: APPROVED:	\neg		LOCAL LICENSING AUT	HORITY
DISAPPROVED: (If disapproved ex			Ву:	
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 022000067		CHY	OK TOWN	CHICOPE	E
APPLICATION	FOR RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
DOING BUSINI	ME: BILLBON,INC. ESS A ICHABOD'S AN MEMORIAL DR.	ND SLEEPY HOLLO	OW BAN	QURT HAI	LLS	
CITY/TOWN:		STATE: MA	ZI	P CODE:	01020	
MANAGER: S	SNYDER,WILLIAMTY	PE OF LICENSE: R	estaurant	; C	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:					
DESCRIPTION	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADD	RESS		_
	ARS, 2 KITCHENS, CE KIT REAR LEFT SIDE.				1ST FLR. E	NT/EXIT
I hereby certify a	and swear under penaltie	s of perjury that:				
	enewed license will be of	* *	-			
	censee has complied wit remises are now open fo			Ŭ	to taxes; and	
SIGNED BY	Individual, Partne	r or Authorized Corp	oorate Of	ficer		
DATE:	TELEPHO	NE NUMBER:	(J			ΓΙΟΝ NUMBER: Security Number)
Acts of 2004, si	gned, attest that we ar gned by the building in and (2) the certificate o	spector and the hea	ad of the	fire depart	tment for the	above
Please Check Below APPROVED: [DISAPPROVED: (If disapproved e):		LOC By:	AL LICEN	SING AUTH	ORITY
DATE:						



www.mass.gov/abcc

LICENSE NUN	ABER: 022000068		CITY OR TOWN CHICOP.	BE .
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	ME: TIGER ATHLE	TIC CLUB OF CHICO	PEE MA., INC.	
DOING BUSIN	VESS A			
ADDRESS 14	MONTGOMERY ST			
CITY/TOWN:	CHICOPEE	STATE: MA	ZIP CODE: 01020	
	HURLEY, T MICHAEL	YPE OF LICENSE: Clu	db CATEGORY	: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	MISES:		
2 ENTRANCE	S AND 2 EXITS ON O	NE FLOOR,CELLAR F	FOR STORAGE	
I hereby certify	and swear under penalt	ies of perjury that:		
1. the r	renewed license will be	of the same type for the	same premises now licensed;	
2. the l	icensee has complied w	rith all laws of the Comm	nonwealth relating to taxes; and	d
3. the p	oremises are now open to	for business (If not expla	ain below)	
SIGNED BY	Individual, Part	ner or Authorized Corpo		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: <u>NOT</u> Individual Social	
Acts of 2004, s	signed by the building	inspector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 1	ie above
Please Check Below	<u>w:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				
			-	
APPLICATION FOR	RENEWAL MUST BE FILED B	Y LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



www.mass.gov/abcc

LICENSE NUME	BER: 022000069		Cľ	TY OR TOWN	CHICOPE	3
APPLICATION I	FOR RENEWAL:	Annu	al	LICEN	ISED FOR 20	13
		CLAS	SS			YEAR
	IE: AMVETS CHICO SS A AMVETS POST		2 BLDG. A	ASSOC., INC.		
ADDRESS						
CITY/TOWN: C	CHICOPEE	STATE:	MA	ZIP CODE:	01020	
MANAGER: D	ICE, MICHAEL TY	PE OF LICENS	SE: Veterai	ns club C	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		ı
DESCRIPTION (OF LICENSED PREM	ISES:				
	LARGE ROOMS,KI ND ONE STORAGE F		TORAGE	ROOM, BASE	MENT CONS	SISTING
I hereby certify ar	nd swear under penaltie	es of perjury tha	t:			
	newed license will be o	• •		•		
	ensee has complied wit			_	to taxes; and	
3. the pre	emises are now open for	r business (If no	it explain b	pelow)		
SIGNED BY						
SIGNED DI	Individual, Partne	er or Authorized	Corporate	Officer		
DATE:	TELEPHO	NE NUMBER:			R IDENTIFICAT dividual Social S	
Acts of 2004, sig	gned, attest that we are gned by the building in and (2) the certificate (nspector and th	e head of	the fire depart	ment for the	above
Please Check Below:			I	OCAL LICENS	SING AUTHO	ORITY
APPROVED:			P	By:		
DISAPPROVED:						
(If disapproved ex	xpiain)		_			
			=			
DATE:			-			
APPLICATION FOR RE	NEWAL MUST BE FILED BY	LICENSEES DURING	THE MONT	H OF NOVEMBER (M	И.G.L. Ch. 138 \$ 16	(A)



www.mass.gov/abcc

LICENSE NUMBER: 02200007	0	CITY OR TOWN CHICOPEE	
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: BETH'S F	LACE, INC.		
DOING BUSINESS A B BAR			
ADDRESS 16 BOLDUC LANE			
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE: 01013	
MANAGER: DICE, ELIZABE S.	ETH TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol	
EMAIL ADDRESS:			
PLEASE ALSO V	TSIT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
3 ROOMS ON FIRST FLOOR, MONITOR BUILDING AND 4		CELLAR FOR STORAGE OF A	
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license w	vill be of the same type for the s	ame premises now licensed;	
2. the licensee has comp	olied with all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now	open for business (If not explai	n below)	
SIGNED BY			
Individua	l, Partner or Authorized Corpor	rate Officer	
			1
			J
DATE: TEI	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:	
		(Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the bu	ilding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

LICENSE NUME	BER: 022000071		CITY OR TOWN CHIC	COPEE
APPLICATION F	FOR RENEWAL	: Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NAM	IE: THE FAIR	VIEW AMERICAN LEGIO	N HOME, INC.	
DOING BUSINE	SS A FAIRVIE	W LEGION		
ADDRESS 292 N	NEW LUDLOW	ROAD		
CITY/TOWN: C	CHICOPEE	STATE: MA	ZIP CODE: 010	20
	IARKHAM, ARLY	TYPE OF LICENSE: Ve	terans club CATEG	ORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION (
		ENTRANCES AND EXITS AR IN THE CELLAR.	S. ONE ROOM USED FOR	R STORAGE,
I hereby certify ar	nd swear under p	enalties of perjury that:		
1. the ren	newed license wil	ll be of the same type for the	same premises now licens	ed;
2. the lice	ensee has compli	ed with all laws of the Com	monwealth relating to taxes	s; and
3. the pre	emises are now o	pen for business (If not expl	ain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	EPHONE NUMBER:		TIFICATION NUMBER:
			(Note: <u>NOT</u> Individual	Social Security Number)
Acts of 2004, sig	ned by the build	we are in possession (1) the ding inspector and the head icate of liquor liability insu	d of the fire department f	or the above
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex				
(II disappioved ex	spiaiii)			
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0)22000072		C	ITY OR TO	WN	CHICOPEI	₫
APPLICATION FOR R	RENEWAL:	Annu	al	LIC	CENSI	ED FOR 20	013
		CLA	SS				YEAR
LICENSEE NAME: F	OLISH-AMERIC	AN CITIZEN	S CLUB	NC. OF WII	LLIMA	ANSETT	
DOING BUSINESS A	PULASKI CLUB						
ADDRESS 013-17 NO	RMAN ST						
CITY/TOWN: CHICO)PEE	STATE:	MA	ZIP CODE	Ξ:	01013	
MANAGER: NOWA MITCH		E OF LICEN	SE:Club		CA	ΓEGORY:	All Alcohol
EMAIL ADDRESS:							
PLE	EASE ALSO VISIT OUR WE	EBSITE AND ENTER	YOUR EMAI	L ADDRESS			_
DESCRIPTION OF LIC							
4 ROOMS, KITCHEN, ENTRANCE OF A 3 S					OOR,	ONE FRON	NT
I hereby certify and swe	ear under penalties	of perjury tha	ıt:				
1. the renewed	license will be of t	the same type	for the sa	me premises	now li	censed;	
2. the licensee	has complied with	all laws of the	e Commo	nwealth relati	ing to	taxes; and	
3. the premises	are now open for	business (If n	ot explain	below)			
SIGNED BY							
I	Individual, Partner	or Authorized	l Corpora	te Officer			
DATE:	TELEPHON	E NUMBER:					TON NUMBER:
				(Note: NO	1 Indiv	idual Social S	ecurity Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building ins	pector and tl	ne head o	f the fire dep	- partm	ent for the	above
Please Check Below:				LOCAL LIC	ENSI	NG AUTHO	ORITY
APPROVED:	1			By:			
DISAPPROVED: [[[] [] [] [] [] [] [] [] [)						
(11 disappioved explain	,						_
DATE:							



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	022000074		CIT	Y OR TOWN	CHICOPE	Ε
APPLICATION FOR	RENEWAL:	Annua	1	LICEN	NSED FOR 20)13
		CLAS	S			YEAR
LICENSEE NAME:	SZPARA'S COLL	EGIAN COUR	ΓINC			
DOING BUSINESS A	SZPARA'S COL	LEGIAN COUI	RT			
ADDRESS 89 PARK	ST					
CITY/TOWN: CHIC	OPEE	STATE:	MA Z	ZIP CODE:	01013	
MANAGER: SZPAI	RA, GARY H. TY	PE OF LICENS	E:Restaura	nt C	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL AL	DDRESS		
DESCRIPTION OF L						
6 ENTRANCES AND REAR AND CELLAR				ID DINING F	ROOM, KITC	HEN IN
I hereby certify and sw	ear under penalties	s of perjury that	:			
1. the renewed	d license will be of	the same type f	or the same	premises nov	w licensed;	
2. the licensee	has complied with	n all laws of the	Commonwe	ealth relating	to taxes; and	
3. the premise	s are now open for	business (If no	t explain be	low)		
SIGNED BY	Individual, Partner	r or Authorized	Cornorata (Officer		
	marviduai, Farmei	of Aumorized	Corporate	Jilicei		
DATE:				EMBLOVE	D IDENTIFICAT	YON NI IMPED.
DAIL.	TELEPHON	IE NUMBER:			ER IDENTIFICAT adividual Social S	
						, ,
We the undersigned, Acts of 2004, signed named license and (2	by the building in	spector and the	e head of th	ie fire depar	tment for the	above
of 2010.						
Please Check Below: APPROVED:					SING AUTHO	ORITY
DISAPPROVED:	7		Ву	:		
(If disapproved explain	」 1)		_			
•						
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 022000076		CITY OR TOWN CHIC	COPEE
APPLICATION	FOR RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: PATTI'S FOU	R-TEN LOUNGE, LLC		
DOING BUSIN	ESS A PATTI'S FOU	UR-TEN LOUNGE		
ADDRESS 32 (QUINCY AVE			
CITY/TOWN:	CHICOPEE	STATE: MA	ZIP CODE: 010	20
	BOUSQUET, PATRICIA	TYPE OF LICENSE: RO	estaurant CATEG	ORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	<u></u>
DESCRIPTION	OF LICENSED PRE	EMISES:		
ONE ROOM OF PATIO	N FIRST FLOOR WI	TH BAR AND BOOTH	IS AND 2 ROOMS IN CEL	LAR AND
I hereby certify a	and swear under pena	alties of perjury that:		
1. the re	enewed license will be	e of the same type for th	e same premises now licens	ed;
2. the li	censee has complied	with all laws of the Com	nmonwealth relating to taxes	s; and
3. the p	remises are now open	n for business (If not exp	lain below)	
SIGNED BY			0.00	
	Individual, Par	rtner or Authorized Corp	oorate Officer	
DATE.				
DATE:	TELEPH	HONE NUMBER:		FIFICATION NUMBER: Social Security Number)
			(1000. <u>1101</u> marviduai	Social Security Number)
Acts of 2004, si	gned by the buildin	g inspector and the hea	he certificate required by one of the fire department for urance required by Chapt	or the above
Please Check Below	<u>/:</u>		LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved	expiaiii)			
DATE:				
•				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 022000077		CITY OR TO	WN CHICOPE	E
APPLICATION	N FOR RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
DOING BUSIN		THE CHARLES C.	KENNEDY PO	OST#275, INC	
	ROBBINS ROAD		ZID COD	01020	
CITY/TOWN:		STATE: MA	ZIP COD		
MANAGER:	Baranowski, Robert TYF	'E OF LICENSE: Ve	terans club	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
DEG CD IDEI O	PLEASE ALSO VISIT OUR WI		MAIL ADDRESS		
	N OF LICENSED PREMIS ONE FLOOR, 2 ENTRAN		CELLAPEO	D STODACE	
	and swear under penalties		o, CELLAR PO	K STOKAGE	
•	renewed license will be of		same premises	now licensed;	
	icensee has complied with	• •	-		
3. the p	premises are now open for	business (If not expl	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICAT	
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	spector and the head	d of the fire de	partment for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

LICENSE NU	MBER: 022000079	•	CITY OR TOWN	1 CHICOPEI	₫
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE N.	AME: FRATERNA	L ORDER OF EAGLES AE	RIE 404, INC.		
DOING BUSI	NESS A EAGLES A	ERIE 404			
ADDRESS 17	SHERIDAN ST.				
CITY/TOWN:	: CHICOPEE	STATE: MA	ZIP CODE:	01020	
MANAGER:	CHARETTE, LIONEL	TYPE OF LICENSE: Club	(CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		_
	N OF LICENSED P				
ONE ROOM O		ENTRANCES AND EXITS	S, CELLAR FOR	STORAGE O	FA
I hereby certify	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for the s	ame premises no	w licensed;	
2. the	licensee has complie	d with all laws of the Comme	onwealth relating	to taxes; and	
3. the	premises are now op	en for business (If not explai	n below)		
SIGNED BY	T. 42 24 .1 T	North and A. die in I. Common	orte Office		
	individual, P	artner or Authorized Corpor	ate Officer		
DATE:	TELEI	DUONE NUMBER.	FMPI OVI	ER IDENTIFICAT	ION NUMBER:
	IELEI	PHONE NUMBER:		ndividual Social S	
Acts of 2004,	signed by the buildi	ve are in possession (1) the ng inspector and the head	of the fire depar	tment for the	above
of 2010.	e and (2) the certific	ate of liquor liability insur	ance required by	y Chapter 116	of the Acts
Please Check Bel	ow:		LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI			-		
(If disapproved	d explain)				
DATE:					



www.mass.gov/abcc

LICENSE NUMBER: 022000081	1	CITY OR TOWN CHICOPEE	
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: TOBY, INC			
DOING BUSINESS A THE RUM	IBLESEAT		
ADDRESS 482 SPRINGFIELD S	Γ		
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE: 01013	
MANAGER: STETSON, WILLIAM J	TYPE OF LICENSE: Rest	caurant CATEGORY: All Alcoho	ol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
4 rooms on first floor, 6 entrances concrete patio with the addition of		walk in cooler with outside entrance,	
I hereby certify and swear under pe	enalties of perjury that:		
1. the renewed license wil	l be of the same type for the s	same premises now licensed;	
2. the licensee has complied	ed with all laws of the Comm	onwealth relating to taxes; and	
3. the premises are now of	pen for business (If not explain	in below)	
SIGNED BY			
Individual,	Partner or Authorized Corpor	rate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER	
		(Note: NOT Individual Social Security Number	er)
Acts of 2004, signed by the build	ling inspector and the head	certificate required by Chapter 304 of th of the fire department for the above rance required by Chapter 116 of the Acts	
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

LICENSE NUMBER: 0	22000083		CITY OR TOWN	1 CHICOPEI	E
APPLICATION FOR R	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: N	MUNICH HAUS,	INC.			
DOING BUSINESS A	MUNICH HAUS	S			
ADDRESS 013-17 MA	RKET SQ.				
CITY/TOWN: CHICC)PEE	STATE: MA	ZIP CODE:	01013	
MANAGER: GOTTS PATRIC		PE OF LICENSE: F	Restaurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:]
PLE	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC					
2 ENTRANCE/EXITS, CELLAR FOR STORA					
I hereby certify and swe	ear under penaltie	s of perjury that:			
1. the renewed	license will be of	the same type for the	ne same premises no	w licensed;	
2. the licensee	has complied with	h all laws of the Cor	nmonwealth relating	to taxes; and	
3. the premises	are now open for	business (If not ex	plain below)		
SIGNED BY					
I	ndividual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
			(Note: NOT I	Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building in	spector and the he	ad of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	1		By:		
DISAPPROVED:					
(If disapproved explain))				
DATE:					



www.mass.gov/abcc

LICENSE NUI	MBER: 022000084		CITY OR TOWN	CHICOPEE
APPLICATION	N FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA DOING BUSIN ADDRESS 92	NESS A	R'S RESTAURANT ANI	D LOUNGE,INC.	
CITY/TOWN:		STATE: MA	ZIP CODE:	01020
	AVEY, NORM	TYPE OF LICENSE:R		CATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
-	N OF LICENSED P			
	D PATIO ON FIRST ITS, CELLAR FOR	Γ FLOOR, ONE ROOM (STORAGE	ON SECOND FLOO	OR, 2 FRONT AND 2
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises nov	w licensed;
	-	d with all laws of the Cor en for business (If not exp	_	to taxes; and
SIGNED BY	Individual, P	Partner or Authorized Cor	porate Officer	
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICATION NUMBER: adividual Social Security Number)
Acts of 2004,	signed by the buildi	ing inspector and the he	ad of the fire depar	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Belo APPROVED:	ow:		LOCAL LICEN By:	SING AUTHORITY
DISAPPROVE (If disapproved				
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



www.mass.gov/abcc

(CITY OR TOWN CHICOPE	BE
Annual	LICENSED FOR 2	2013
CLASS		YEAR
S SPORTS BAR & GRILL	CORP	
RS SPORTS BAR & GRIL	L	
STATE: MA	ZIP CODE: 01013	
TYPE OF LICENSE: Resta	aurant CATEGORY	: All Alcohol
UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
EMISES:		
AR EXITS, 4 ROOMS ON	FIRST FLOOR AND CELLA	AR FOR
lties of perjury that:		
e of the same type for the s	ame premises now licensed;	
with all laws of the Commo	onwealth relating to taxes; and	l
for business (If not explai	n below)	
tner or Authorized Corporation	ate Officer	
HONE NUMBER:	EMPLOYER IDENTIFICA	
	(Note: NOT Individual Social	Security Number)
g inspector and the head	of the fire department for th	e above
	LOCAL LICENSING AUTH	HORITY
	By:	
	Annual CLASS S SPORTS BAR & GRILL RS SPORTS BAR & GRILL STATE: MA TYPE OF LICENSE: Resta UR WEBSITE AND ENTER YOUR EMA EMISES: AR EXITS, 4 ROOMS ON Ities of perjury that: e of the same type for the s with all laws of the Common for business (If not explain enter or Authorized Corporations). IONE NUMBER: are in possession (1) the g inspector and the head of	Annual CLASS S SPORTS BAR & GRILL CORP RS SPORTS BAR & GRILL STATE: MA ZIP CODE: 01013 TYPE OF LICENSE: Restaurant CATEGORY UR WEBSITE AND ENTER YOUR EMAIL ADDRESS EMISES: AR EXITS, 4 ROOMS ON FIRST FLOOR AND CELL Ities of perjury that: e of the same type for the same premises now licensed; with all laws of the Commonwealth relating to taxes; and a for business (If not explain below) There or Authorized Corporate Officer IONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social are in possession (1) the certificate required by Chapter 13 the of liquor liability insurance required by Chapter 13 LOCAL LICENSING AUTH



www.mass.gov/abcc

LICENSE NUMBER	:022000086		CITY OR TOWN CHIC	OPEE
APPLICATION FOR	RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAME:	WEST ST. BAR &	GRILL, INC		
DOING BUSINESS	A Maximum Capacity	y Sports Bar & Grill	le	
ADDRESS 116 SCH	OOL ST			
CITY/TOWN: CHIC	COPEE	STATE: MA	ZIP CODE: 0101	3
MANAGER: ROBI JR.	ERT,DONALD TYPI	E OF LICENSE: Res	staurant CATEGO	ORY: All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF I	PLEASE ALSO VISIT OUR WEE LICENSED PREMISI		MAIL ADDRESS	
I hereby certify and s	wear under penalties (of perjury that:		
• •	-		same premises now license	d;
2. the license	e has complied with a	all laws of the Comm	nonwealth relating to taxes;	and
3. the premis	es are now open for b	ousiness (If not expla	ain below)	
SIGNED BY	Individual, Partner of	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER: ocial Security Number)
Acts of 2004, signed	by the building insp	ector and the head	e certificate required by C d of the fire department fo rance required by Chapte	r the above
Please Check Below:			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved expla	in)			
(ii disappioved expid	<i>,</i>			
DATE:				
APPLICATION FOR RENEW	AL MUST BE FILED BY LIC	ENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch.	138 \$ 16A)



www.mass.gov/abcc

87	CITY OR TOWN CHICOPEE
AL: Annual	LICENSED FOR 2013
CLASS	YEAR
NC.	
HEN CAFÉ	
ROAD	
STATE: MA	ZIP CODE: 01020
TYPE OF LICENSE: Re	staurant CATEGORY: All Alcohol
VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
	ROOMS ON FIRST FLOOR, ONE OF RY BLDG
penalties of perjury that:	
will be of the same type for the	same premises now licensed;
* *	-
•	· ·
	,
al, Partner or Authorized Corp	orate Officer
LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: <u>NOT</u> Individual Social Security Number)
ilding inspector and the hea	te certificate required by Chapter 304 of the d of the fire department for the above arance required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY
	By:
	AL: Annual CLASS NC. CHEN CAFÉ ROAD STATE: MA TYPE OF LICENSE: Re VISIT OUR WEBSITE AND ENTER YOUR ED D PREMISES: R ENTRANCE AND EXIT, 2 It STORAGE OF A ONE STOR IT penalties of perjury that: will be of the same type for the uplied with all laws of the Complete of the plied with all laws of the Complete of the property of the p



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 022000090		CITY OR TOWN	CHICOPEE
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: TRIPLE S LIQU	JORS INC.		
DOING BUSIN	NESS A JOCKO'S			
ADDRESS 535	5 543 EAST ST.			
CITY/TOWN:	CHICOPEE	STATE: M	A ZIP CODE:	01020
MANAGER:	SANTANIELLO, T WILLIAM	YPE OF LICENSE:	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUF	R WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	MISES:		
2 FRONT ANI STORAGE	O 2 REAR ENTRANCE PATIO	S AND EXITS,2 RO	OOMS ON FIRST FLO	OR, CELLAR FOR
I hereby certify	and swear under penalt	ies of perjury that:		
1. the 1	renewed license will be	of the same type for	the same premises now	licensed;
2. the l	licensee has complied w	rith all laws of the Co	ommonwealth relating t	o taxes; and
3. the 1	premises are now open f	For business (If not ex	xplain below)	
SIGNED BY				
	Individual, Partı	ner or Authorized Co	orporate Officer	
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004,	signed by the building	inspector and the h	ead of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	capiani)			
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 022000092		CITY	OR TOWN	CHICOPE	<u>C</u>
APPLICATION	N FOR RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
DOING BUSIN	AME: MY MADDIE LLC NESS A VILLAGE PIZZA 5 CHICOPEE STREET					
CITY/TOWN:		STATE: M	Δ 7II	P CODE:	01013	
MANAGER:	KURRO, ELMOTH TYPE ALAN				ATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:					
ONE STORY F I hereby certify 1. the t 2. the l	N OF LICENSED PREMISE BLDG WITH DINING ROO and swear under penalties of renewed license will be of the licensee has complied with al premises are now open for bu	S: M AND KITCI f perjury that: e same type for I laws of the Co	HEN,ONE	ENTRANC remises now lth relating	v licensed;	
SIGNED BY	Individual, Partner or	· Authorized Co	orporate Of	ficer		
DATE:	TELEPHONE	NUMBER:	1)			CION NUMBER:
Acts of 2004, s	signed, attest that we are in signed by the building inspe and (2) the certificate of li	ector and the h	ead of the	fire depart	ment for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOC By:	AL LICEN	SING AUTH	ORITY
DATE.						
DATE:						



www.mass.gov/abcc

LICENSE NU	MBER: 022000093		CITY OR TOWN CHIC	OPEE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE N	AME: COLUMBIAN	N ENTERPRISES, INC.		
DOING BUSI	NESS A CASTLE OF	KNIGHTS		
ADDRESS 15	99 MEMORIAL DRIV	VE		
CITY/TOWN	: CHICOPEE	STATE: MA	ZIP CODE: 0102	0
MANAGER:	SAMUELSON, SCOTT	TYPE OF LICENSE: R	Restaurant CATEGO	PRY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRI	EMISES:		
BANQUET H	ALL AND STORAGE	E AREA. CELLAR USE	D FOR STORAGE.	
I hereby certif	y and swear under pena	alties of perjury that:		
1. the	renewed license will b	be of the same type for the	ne same premises now license	d;
2. the	licensee has complied	with all laws of the Cor	mmonwealth relating to taxes;	and
3. the	premises are now open	n for business (If not exp	plain below)	
SIGNED BY		rtner or Authorized Cor	porate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTI (Note: <u>NOT</u> Individual S	FICATION NUMBER: ocial Security Number)
Acts of 2004,	, signed by the buildin	ng inspector and the he	the certificate required by C ad of the fire department fo surance required by Chapte	r the above
Please Check Bel			LOCAL LICENSING A	UTHORITY
APPROVED:			By:	
DISAPPROV (If disapprove				
(11 disappiove	a expiaiii)			
DATE:				
APPLICATION FO	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 1	138 \$ 16A)



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	022000094		CITY OR TO	WN CHICOPE	L
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 771 BUR	NETT RD				
CITY/TOWN: CHIC	COPEE	STATE: MA	ZIP CODE	E: 01020	
MANAGER: ROY,	CARL D.	TYPE OF LICENSE: Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PRI	EMISES:			
ONE FLOOR, ONE B	ENTRANCE A	N EXIT. STORAGE BL	DG. OF 16X50 I	FEET.	
3. the premise		n for business (If not exp			
DATE:		YOME NAMED	EMDI (OYER IDENTIFICAT	TION NI IMPED
	IELEPI	HONE NUMBER:		Γ Individual Social S	
Please Check Below: APPROVED: DISAPPROVED:	\neg		LOCAL LIC By:	ENSING AUTH	ORITY
(If disapproved explain	 n)				
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 022000095		CITY OR TOWN CHICK	JPEE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	PR 2013
		CLASS		YEAR
	AME: T.J.J. BROT			
ADDRESS 13	45 BURNETT RD			
CITY/TOWN:	CHICOPEE	STATE: MA	ZIP CODE: 01020)
MANAGER:	MCNAMARA, ROBERT J.	TYPE OF LICENSE:P	ackage Store CATEGO	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PF	REMISES:		
ONE ROOM (ON ONE FLOOR, 2 I	ENTRANCES AND EXI	TS AND ROOM FOR STORA	AGE
	premises are now ope	en for business (If not exp		and
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIF	
Please Check Belo APPROVED: DISAPPROVI			LOCAL LICENSING AU By:	JTHORITY
(If disapproved				
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	2K: 022000096		CITY OR TO	WN CHICOPE	AE.
APPLICATION FO	OR RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME DOING BUSINES		TNES & LIQUORS			
ADDRESS 945 CH	HICOPEE ST.				
CITY/TOWN: CF	HICOPEE	STATE: MA	ZIP CODI	E: 01013	
	RESO, TONIO F	TYPE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
1 ROOM ON 1 FL CELLAR FOR STO		CES AND EXITS, WA	LK IN COO LE	R WITH STORA	AGE AND
	nises are now open	with all laws of the Con for business (If not exp	olain below)	ing to taxes; and	
DATE:	TELEPH	IONE NUMBER:		OYER IDENTIFICA $f T$ Individual Social $f T$	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp			LOCAL LIC	CENSING AUTH	IORITY
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	022000098		CH	YORTOW	N CHICOPE	E
APPLICATION FOR	RENEWAL:	Annua	1	LICI	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS A		_				
ADDRESS 577 EAST	ST					
CITY/TOWN: CHIC	OPEE	STATE:	MA	ZIP CODE:	01020	
MANAGER: SZCZI EDWA	UR, T'ARD, F. JR.	YPE OF LICENS	E:Package	Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
Pl	LEASE ALSO VISIT OUR	WEBSITE AND ENTER Y	OUR EMAIL A	DDRESS		
DESCRIPTION OF L						
2 ENTRANCES AND AND CELLAR FOR S		DOOR FOR DE	LIVERIE	S, 2 ROOMS	S ON FIRST FI	LOOR
2. the licensee	d license will be de has complied with the sare now open for a lindividual, Partn	th all laws of the or business (If no	Commonw t explain b	vealth relatin		
DATE:	TELEPHO	NE NUMBER:			YER IDENTIFICA Individual Social (
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explai	 n)		Lo Bj		NSING AUTH	ORITY
			_			
DATE:						



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	22000099		CH	Y OR TOV	VN CHICOI	PEE
APPLICATION FOR R	ENEWAL:	Annua	1	LIC	ENSED FOR	2013
		CLAS	S			YEAR
LICENSEE NAME: F DOING BUSINESS A	_					
ADDRESS 220 EXCH	ANGE ST					
CITY/TOWN: CHICC	PEE	STATE:	MA	ZIP CODE	: 01013	
MANAGER: LAVAL DONAL		E OF LICENS	E:Package	Store	CATEGOR	Y: All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEB	SITE AND ENTER Y	OUR EMAIL A	ADDRESS		
DESCRIPTION OF LIG	CENSED PREMISI	ES:				
1 ENTRANCE AND O FOR STORAGE, ADD					OFFICE AN	D CELLAR
2. the licensee 3. the premises SIGNED BY	license will be of the has complied with a are now open for be ndividual, Partner of	all laws of the susiness (If not	Commonv explain b	vealth relating		nd
DATE:	TELEPHONE	NUMBER:				CATION NUMBER: al Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain))		L(B) -		ENSING AUT	THORITY
DATE:			_			



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 022000100	CITY OR TOWN CHICOPEE
APPLICATION FOR RENEWAL: An	nual LICENSED FOR 2013
CL	ASS YEAR
LICENSEE NAME: T & M BEVERAGES, INC.	
DOING BUSINESS A WHITE EAGLE WINES & I	LIQUORS
ADDRESS 620 FULLER RD	
CITY/TOWN: CHICOPEE STATE	: MA ZIP CODE: 01020
MANAGER: COSTA, MANUEL TYPE OF LICE M.	ENSE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
3 ROOMS ON ONE FLOOR, 1 USED FOR SALES FOR STORAGE AREA WITH 1 ENTRANCE AND	
 the renewed license will be of the same type the licensee has complied with all laws of the premises are now open for business (If 	the Commonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authoriz	red Corporate Officer
DATE.	
DATE: TELEPHONE NUMBER	R: EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	
DATE:	



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 022000101		CITY OR TOWN	CHICOPE	Ξ
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	YASIR F. KHATTA	ΛK			
DOING BUSINESS	A HANKS VARIET	Y			
ADDRESS 457 GRA	ANBY RD				
CITY/TOWN: CHI	COPEE	STATE: MA	ZIP CODE:	01013	
MANAGER: KHA F.	TTAK, YASIR TYPI	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISI	ES:			
3 ROOMS ON FIRS A ONE STORY BL	T FLOOR, AND ONE DG	E ENTRANCE, 2 EX	KITS AND CELLAI	R FOR STO	RAGE OF
3. the premi	ses are now open for b				
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain	ain)				
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	022000102		CITY OR TOWN	CHICOPE	E
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ALDENVILLE LI	QUOR STORE, INC			
DOING BUSINESS A	A ALDENVILLE I	LIQUOR			
ADDRESS 736 GRA	ΓΤΑΝ ST				
CITY/TOWN: CHIC	COPEE	STATE: MA	ZIP CODE:	01020	
MANAGER: SPAN	O, JAMES TY	PE OF LICENSE: Pac	kage Store (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L					
ONE FRONT ENTRA STORAGE	ANCE AND EXIT	IN REAR OF STORE	E. 1ST FLR AND (CELLAR FOR	
	es are now open for	h all laws of the Comir business (If not expl	ain below)	to taxes; and	
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN By:	ISING AUTH	ORITY
(If disapproved explain DATE:	n)				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0.	22000104		CITY OR TOW	IN CHICOPE.	E
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: F. DOING BUSINESS A	_				
ADDRESS 65 MAIN S	Γ				
CITY/TOWN: CHICO	PEE	STATE: MA	ZIP CODE:	: 01020	
MANAGER: SUDOL	, JAN TYP	E OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMIS	SES:			
2 ENTRANCES, 1 FRO FLOOR AND 2 CELLA			R OF BLDG, 2 R	OOMS ON FIR	ST
3. the premises SIGNED BY	are now open for	all laws of the Cor business (If not exp or Authorized Cor	plain below)	ng to taxes; and	
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED:			LOCAL LICE By:	ENSING AUTH	ORITY
DISAPPROVED:					
(If disapproved explain)					
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 022000105	C	ITY OR TOWN	CHICOPEE	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS		•	YEAR
LICENSEE NAME: JAI SHREE RAM, COR	₹P.			
DOING BUSINESS A CROSSROADS PACE	KAGE STORE			
ADDRESS 591 MEMORIAL DRIVE				
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE:	01013	
MANAGER: PATEL, YOGESH TYPE O	F LICENSE: Packa	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
A FRONT ENTRANCE/EXIT AND A REAR INTERIOR INCLUDES A WALK-IN COOLI AND SALES FLOOR.				AREA
 the renewed license will be of the s the licensee has complied with all less. the premises are now open for busing 	aws of the Common	nwealth relating to		
SIGNED BY Individual, Partner or A	uthorized Corpora	te Officer		
D.177				
DATE: TELEPHONE NU	JMBER:	EMPLOYER (Note: <u>NOT</u> Indi	. IDENTIFICATI ividual Social Se	
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHC	PRITY
DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 022000106		CITY OR TOWN	CHICOPEE		
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013		
	CLASS		YEAR		
LICENSEE NAME: WINN LIQUORS, INC					
DOING BUSINESS A WINN LIQUORS					
ADDRESS 1968 MEMORIAL DR					
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE:	01020		
MANAGER: KELLEY, PHILLIP TYPE C P.	OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol		
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EM	IAIL ADDRESS			
DESCRIPTION OF LICENSED PREMISES:					
ONE FLOOR WITH PARTITION FOR STO SERVICE DELIVERY DOOR AND OVERH		FRONT ENTRAN	CE AND EXIT, 1		
 I hereby certify and swear under penalties of p the renewed license will be of the s the licensee has complied with all s the premises are now open for business. 	same type for the laws of the Comm	nonwealth relating to			
SIGNED BY Individual, Partner or A	Authorized Corpo	rate Officer			
DATE: TELEPHONE N	UMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY		
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 022000107		CITY OR TOWN	CHICOPE	E
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: CHICOPEE	LIQUORS, INC.			
DOING BUSINESS A WESTOVE	ER LIQUORS			
ADDRESS 1461- 1473 MEMORIA	AL DRIVE			
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE:	01020	
MANAGER: SELBY, STEVEN	TYPE OF LICENSE:Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRONE FLOOR, ONE ROOM, ONE E I hereby certify and swear under per 1. the renewed license will 2. the licensee has complie 3. the premises are now op	nalties of perjury that: be of the same type for the d with all laws of the Comm	same premises now	licensed;	
SIGNED BY Individual, P	Partner or Authorized Corpo	orate Officer		
DATE: TELE	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	022000108		CITY OR TOWN	CHICOPE	Ε
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	FLANAGAN'S, IN	C.			
DOING BUSINESS A	FLANAGAN'S PA	ACKAGE STORE			
ADDRESS 499 SPRIM	NGFIELD ST				
CITY/TOWN: CHIC	OPEE	STATE: MA	ZIP CODE:	01013	
MANAGER: AMAF A.	RAL, JAMES TYP	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:		-			
PI	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	ES:			
2 ENTRANCES AND STORAGE OF A MO		JE ROOM ON FIRS	ST FLOOR AND CE	LLAR FOR	
	es are now open for	business (If not explored or Authorized Corp			
	marviauai, i artiici	of Authorized Corp	orace Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER	IDENTIFICAT	TON NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain	 n)				
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 022000110		CITY OR TOWN CHICOPE	<u>C</u>
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: JANLEECO., J DOING BUSINESS A LIGHTHOU ADDRESS 856 MEMORIAL DRIV	SE LIQUORS		
CITY/TOWN: CHICOPEE	STATE: MA	ZIP CODE: 01020	
MANAGER: Collins, William L, J	rTYPE OF LICENSE: Pack	cage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PRO 2 ENTRANCES AND EXITS IN A I hereby certify and swear under pend 1. the renewed license will b 2. the licensee has complied 3. the premises are now open SIGNED BY	2 STORY BUILDING alties of perjury that: be of the same type for the s with all laws of the Comm	same premises now licensed; onwealth relating to taxes; and in below)	
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS:	ORITY
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 022000111		CITY OR TOWN	N CHICOPE	Е
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINES ADDRESS 597 MI	S A APPLEBEE'	S NEIGHBORHOOD	GRILL & BAR		
CITY/TOWN: CI	HICOPEE	STATE: M	A ZIP CODE:	01013	
	VENUTO, MAND	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:]
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS		_
DESCRIPTION OF		EMISES:			
ONE STORY STR		alties of perjury that:			
2. the licer	nsee has complied	e of the same type for with all laws of the Co n for business (If not e	ommonwealth relating		
SIGNED BY	Individual, Pa	rtner or Authorized Co	orporate Officer		
DATE:	TELEPI	HONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed by the buildin	e are in possession (1) g inspector and the h te of liquor liability i	ead of the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] [] lain)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 022	000115	CITY	OK TOWN	CHICOPEI	2
APPLICATION FOR REN	NEWAL: Ann	ual	LICEN	SED FOR 20	013
	CLA	ASS			YEAR
LICENSEE NAME: ROI DOING BUSINESS A W	YMAN PETROLEUM				
ADDRESS 451 GRATTA		MA 770	n CODE	01020	
CITY/TOWN: CHICOPE			P CODE:	01020	
MANAGER:	TYPE OF LICEN	NSE:Package St	core C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LICE 1 STORY BLOCK & BRI		R YOUR EMAIL ADDI	RESS		
2. the licensee has 3. the premises are SIGNED BY	ense will be of the same type complied with all laws of the e now open for business (If n	ne Commonwea not explain belo	lth relating t w)		
Indi	vidual, Partner or Authorize	ed Corporate Of	ficer		
DATE:	TELEPHONE NUMBER				ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOC By:	AL LICENS	SING AUTHO	ORITY
DATE:					



www.mass.gov/abcc

LICENSE NUMBER	: 022000116		CITY OR TOWN	CHICOPEE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:		ZERIA & RESTAUR	ANT, INC.	
DOING BUSINESS				
ADDRESS 340 CAR	EW STREET			
CITY/TOWN: CHI	COPEE	STATE: MA	ZIP CODE:	01020
	ARDI, T ONIO	YPE OF LICENSE:	Restaurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
Ī	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREM	MISES:		
1ST. FLOOR HAS C PLUS ONE RECEIV				ANCES & EXITS,
	ses are now open f	or business (If not ex		to taxes; and
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed	by the building	inspector and the he	ead of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:				



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 022000120		CITY OR TOWN	CHICOPE	C
APPLICATION	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	ME: SAM D'ANGE NESS A SAM'S CON				
ADDRESS 147	BROADWAY ST.				
CITY/TOWN:	CHICOPEE	STATE: MA	ZIP CODE:	01020	
	D'ANGELO, ANTHONY P.	TYPE OF LICENSE: Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	N OF LICENSED PRE				
ONE STORY E		WO ROOMS ONE FOR	BACK STORA GI	E AREA TWO	EXITS,
	premises are now open	with all laws of the Com	ain below)	to taxes, and	
DATE:	TELEPH	HONE NUMBER:		ER IDENTIFICAT	
Please Check Belo APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 022000123		CITY OR TOWN	CHICOPEE
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
DOING BUSINESS	733 CHICOPEE ST A MONTY'S ROAD	OHOUSE		
	3 CHICOPEE STREE		GW G075	04040
CITY/TOWN: CHI		STATE: MA	ZIP CODE:	01013
	SCOLL, TYP OTHY J.	E OF LICENSE: Re	staurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
 the renew the licens 	swear under penalties wed license will be of t see has complied with ises are now open for	he same type for the all laws of the Com	monwealth relating t	
	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHONI	E NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signe	d by the building ins	pector and the hea	d of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICENS By:	SING AUTHORITY



www.mass.gov/abcc

LICENSE NUMBER	: 022000124		CITY OR TOWN CHICOPEE			
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013		
		CLASS		YEAR		
LICENSEE NAME:	ZHU LIN ROYA	L BUFFET INC.				
DOING BUSINESS A	A ROYAL BUFF	ET				
ADDRESS 591 G MI	EMORIAL DRIV	Е				
CITY/TOWN: CHIC	COPEE	STATE: MA	ZIP CODE: 01020			
MANAGER: ZHU	LI, QUIAN T	YPE OF LICENSE: Rest	taurant CATEGORY	: Wine and Malt Regular		
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS			
DESCRIPTION OF L						
8000 SQ FT; DINING THE FRONT OF BLI			D OFFICE. ENTRANCE AN	D EXIT IN		
				_		
				_		
I hereby certify and sv	-		. 1, 1			
		• •	same premises now licensed;			
			onwealth relating to taxes; and	1		
3. the premise	es are now open fo	or business (If not explain	in below)			
SIGNED BY	Individual, Partn	er or Authorized Corpor	rate Officer			
	individual, I di di	or or radiorized corpor	auc officer			
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:		
	TEEET ITC	TILL TICHIBLIK.	(Note: NOT Individual Social	l Security Number)		
We the undersigned	attact that we a	vo in possession (1) the	certificate required by Chap	nton 204 of the		
			of the fire department for th			
	2) the certificate	of liquor liability insur	rance required by Chapter 12	16 of the Acts		
of 2010.						
Please Check Below:			LOCAL LICENSING AUTI	HORITY		
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	in)					
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 022000126		CITY OR TOWN	CHICOPEI	Е
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	E: COPPERLINE EAS A COPPERLINE E				
CITY/TOWN: CH	HICOPEE	STATE: MA	ZIP CODE:	01020	
	AMBERLAND, TYI ENN	PE OF LICENSE: Re	estaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR W F LICENSED PREMIS		EMAIL ADDRESS		
 the rene the licen 	swear under penalties wed license will be of usee has complied with hises are now open for	the same type for the	monwealth relating		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			CION NUMBER:
Acts of 2004, sign	ed, attest that we are ed by the building ins d (2) the certificate of	spector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] Lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



www.mass.gov/abcc

LICENSE NU	MBER: 022000127	CITY OR TOWN CHICOPEE			
APPLICATIO	N FOR RENEWAL:	Annual		LICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: FGC, INC				
DOING BUSI	NESS A JOHN'S PIZ	ZZERIA			
ADDRESS 42	4 FRONT STREET				
CITY/TOWN:	CHICOPEE	STATE: MA	ZIP CO	DDE: 01013	
MANAGER:	CAPACIO GIOVANNI JOHN	TYPE OF LICENSE:R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
DESCRIPTIO:	PLEASE ALSO VISIT N OF LICENSED PR	OUR WEBSITE AND ENTER YOUR REMISES:	EMAIL ADDRESS		
I hereby certify	y and swear under per	nalties of perjury that:			
•	•	be of the same type for th	ne same premis	ses now licensed;	
2. the	licensee has complied	d with all laws of the Con	nmonwealth re	elating to taxes; and	
3. the	premises are now ope	en for business (If not exp	plain below)		
SIGNED BY	Individual, P	artner or Authorized Corp	porate Officer		
DATE:	TELEP	PHONE NUMBER:		IPLOYER IDENTIFICAT NOT Individual Social S	
Acts of 2004,	signed by the buildi	ve are in possession (1) t ng inspector and the hea ate of liquor liability ins	ad of the fire	department for the	above
Please Check Belo	ow:		LOCAL I	LICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	ı expiaiii)				
DATE:					
APPLICATION FOR	R RENEWAL MUST BE FILE	D BY LICENSEES DURING THE	MONTH OF NOVE	EMBER (M.G.L. Ch. 138 \$ 1	6A)



www.mass.gov/abcc

LICENSE NUMBE	R: 022000129		CITY OR TOWN CHICOPE	E
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME:	HUOYING CHEN	1		
DOING BUSINESS	A NEW CHINA ST	ΓAR		
ADDRESS 80 MAI	N ST			
CITY/TOWN: CH	ICOPEE	STATE: MA	ZIP CODE: 01013	
MANAGER: CHE	EN, HUOYING TY	PE OF LICENSE:Re	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	SES:		
TWO ENTRANCES	S / EXITS, DINING	ROOM, KITCHEN S	SPACE	
I hereby certify and	swear under penaltie	s of perjury that:		
1. the renev	ved license will be of	the same type for the	same premises now licensed;	
2. the licens	see has complied with	n all laws of the Comi	monwealth relating to taxes; and	
3. the prem	ises are now open for	business (If not expl	ain below)	
SIGNED BY	Individual, Partne	r or Authorized Corpo	prate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, signe	ed by the building in	spector and the head	e certificate required by Chap d of the fire department for the trance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
DATE:				
APPLICATION FOR RENE	WAL MUST BE FILED BY I	LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 022000130		CITY OR TOWN	CHICOPE	Ε
APPLICATION FO	R RENEWAL:	ENEWAL: Annual LICENSED FOR 2013			
		CLASS			YEAR
LICENSEE NAME:	HOLYOKE PIZZA,	INC			
DOING BUSINESS	A PIZZA PALACE				
ADDRESS 785 BUI	RNETT RD				
CITY/TOWN: CHI	COPEE	STATE: MA	ZIP CODE:	01013	
MANAGER: MAN	NTZIOS,MARIATYP	E OF LICENSE: Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS		
	LICENSED PREMIS				
	TH TWO ENT/EXITS		DINING AREA AN	D STORAGI	E AREA.
•	swear under penalties			liaansadı	
	yed license will be of the see has complied with a	• •	•		
	ses are now open for b		_	o tuxes, una	
	1	` 1			
SIGNED BY					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
			(Note: <u>NOT</u> Individual Social Security Number)		
Acts of 2004, signe	d, attest that we are id by the building insp (2) the certificate of l	pector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:	<u></u>		By:		
DISAPPROVED:					
(If disapproved explain	am)				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: ()22000132	(CITY OR TOW	N CHICOPEI	₫
APPLICATION FOR F	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: 1	ΓORTILLA, INC				
DOING BUSINESS A	FRONTERA GRIL	L			
ADDRESS 1625 MEM	ORIAL DR				
CITY/TOWN: CHICO)PEE	STATE: MA	ZIP CODE	01013	
MANAGER: BRAM HECTO	· · · · · · · · · · · · · · · · · · ·	OF LICENSE: Rest	aurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	AIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
THE PREMISES IS A LEVEL AND A BASE AND ANOTHER ENT	MENT LEVEL. 3 E	NTRANCES/EXITS	S IN THE FRO	NT OF THE BU	
I hereby certify and swe	ear under penalties of	f perjury that:			
1. the renewed	license will be of the	e same type for the s	same premises r	ow licensed;	
2. the licensee	has complied with al	l laws of the Comm	onwealth relatir	ng to taxes; and	
3. the premises	s are now open for bu	ısiness (If not explai	in below)		
SIGNED BY	Individual, Partner o	r Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
	12221110112	1,01,1221.	(Note: NOT Individual Social Secur		
We the undersigned, Acts of 2004, signed benamed license and (2) of 2010.	y the building inspe	ector and the head	of the fire dep	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTHO	ORITY
APPROVED:	٦		By:		
DISAPPROVED:					
(If disapproved explain)				
DATE:					